2 0	S	38	MARYLAND STATE DEPARTMENT OF HEALT!
FOR STATE			Item#9, FilmChol 6/AEDRUAL EXAMINER'S CERTIFICATE OF DEATH
HEALIH DEPI さぬって	1.		PLACE OF BEATH  7. USUAL RESIDENCE (View deceased IV days institution, Residence before admission).  COUNTY  1. STATE  COUNTY
or. Pa	1	1	D. CITY OR TOWN (If outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
2/8/3/2		-	write RURAL and give neerest town)  THE SYKESVILLE TO HOUR BALTIMORE CITY
300	2		d. STREET ADDRESS  d. STREET ADDRESS  d. STREET ADDRESS  on A FARM?  VES IN NO IN THE COURT OF THE PROPERTY OF
any e fu e fu e stat			NAME OF First Middle Lest 4. DATE Month Dey Year OF
手もなる	4	5.	(Type or print) James Harry Ables DEATH 6 19 68  SEX   6. COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 14 FIRS.)
and and and in win		1	O. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH  9. AGE (In years   IF UNDER 24 HRS.
s 1, 2, age 5 age 5 with			USUAL OCCUPATION (Give kind of work lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country)  12. CITIZEN OF WHAT COUNTRY?
A3. Pages ages even	-	13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
Give rm PA rm PA File p	-	1.6	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT
m 18. ith formit.	1		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Ifyesgivewerordelesofservice)  Address  Address  Address
in Item in Item ing w isit pe		1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
be existencial selections along the selections and the selections are selections and the selections are selecti			9/00 DUE TO
ould Office burie			Conditions, if any, which (b)
nding ner's ner's nas a			geve rise to immediate ceuse (a), stating the undarlying cause lest.
Exami Exami used 1, cre		NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
word word dical ald be buria	2	CERTIFICATION	NONE YES NO A
ER: g the f Med should should be to		CERTI	206. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH.  206. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH.  207. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II or I of item 18.)
writing writing Chie		MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)  Hour a.m. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
cate, w to the OR: Pa		W	21. I certify that I took charge of the remains described above, held an Autopsy Inspection M. Inquiry I, and in my opinion
orwarded to to DIRECTOR designated ag	0		death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
orvind designa			ACTUAL CLUBBE CHEEF MEDICAL EXAMINER ASSISTANT M
UTY executed be f ERAL			EXAMINER'S DEPUTY MEDICAL EXAMINER OF STANDARD CONTRACTOR OF STANDAR
DEPUTY ease execu should be FUNERA eath or its	2	22e.	BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or country) (Stete)
Og461		-	Buria 6-19-68 Peterson Cemetry Western W. VA.
VR A15ME 5M 1/62		23.	ADDRESS ADDRESS DATE JUN 18 1968 ACCIONAL SUSSESSIONATURE
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AND THE PARTY OF T Color of the Service The Roby Aller Some Mile Property O water with the service of the service of the court of the state of the state of the The country that we see the to the first of the state of th

MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b and give nearlest . NAME OF HOSPITAL NAME OF Middle ould be executed within 24 hours after death. If any in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be reformed. DECEASED OF (Type or print) DEATH ge 5 may be rand 2 with the within 72 hou 5. 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR last birthday) WIDOWED DIVORCED Giva kind of work (State or foreign country) dona during most of working ne, even if retired) 13. FATHER'S NAME 14. MOTHER'S in any FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unkown) | (If yes give war or dates of service) and EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] remova PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO o used as a bur cremation, o Conditions, if any, which' (b) writing the word "pending" of Chief Medical Examiner's C Page 3 should be used as a E ant, prior to burial, cremation. "pending" gave risa to immediate causa DUE TO (a), stating the underlying causa last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION ONE 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. Cal the C. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, 2Df. (City or town) Month, Dey, Yeer factory, street, office bldg., etc.) agent, While Not While at work at work should be folded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection designated death resulted from: Natural causes Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY 0 EXAMINER'S NAME (Type) please e 4 should O FUN Health Address (Street, city, town, or county) 22a, BURIAL, CREMATION, CEMETERY OR CREMATORY OH A4a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR VR A15ME

STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM? YES NO

Year

19

INTERVAL BETWEEN

ONSET AND DEATH

5-10 MINUTES

PERFORMED?

NO IX

(Stete)

and in my opinion

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

Months

(County)

IF UNDER 24 HRS.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5M 1/62

Search of the contract of the season of the Marria Chartes , Abba - - 6 26 65 MALE WARE THE RESERVE OF THE PROPERTY OF THE PARTY. THIS HE A BALES WALLS TAKEN SEE MISSING ADVECT 6500 printed and the second STATE PRESENT Sunday in property bit the or a factory Dan Shreynia ( South Mills Should receive The state of the s LESTING CHEPHO whole to me to the fact from the first from the same to

1820 PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased fivad, If institution; Residence before edmission) b. COUNTY 244 MARYLAND b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 outside corporete limits, write RURAL end give naarast town) write RURAL end give nearest town) . IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH with 72 h IF UNDER 24 HRS. 5. SEX AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retirad) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) and e.5 Current 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c). INTERVAL BETWEEN burial-transit remova ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5-10 MINUTES IMMEDIATE CAUSE (e) DUE TO ö Conditions, if any, which afion, ro geve rise to immediate cause DUE TO SE (a), steting the underlying crem nsed ceuse lest. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? pe burial, NO X pinous 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part I or Part II of itam 18.) 2De. EXTERNAL CAUSE WAS 2 PRIMARY OF CONTRIBUTING Chief / CAUSE OF DEATH. Philmmind the Chie 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yaer (County) fectory, streat, office bldg., etc.) agent, While Not While et work et work direc.11 )dim LIDerty DIRECTOR: Inspection X. 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inquiry designated Undetermined manner death resulted from: Natural causes Accident X Suicide Homicide CHIEF MEDICAL EXAMINER . please execute
4 should be for
FO FUNERAL D
Health or its dec ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) Westminster, MA NAME (Type) 22d. LOCATION (City, town, or country 22a. BURIAL, CREMATION. emeter 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME DATE

Give Pag rm PM3.

in pencil in Item

"pending"

ertificate, writing the word

TO DEPUTY

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Office along

Examiner

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STREET, BALTIMORE 1, MARYLAND

to Break South South Street By Elman Title THE TRANSPORT OF THE PROPERTY OF THE PARTY O Committee of the commit 24-17-42 SA-71-12 14-4-2-1 private the total Samma March & Vistor All Marie Value 142 Take plant of the County of the Toller AD ...... The control of the co THE DE THEESON Constray - LEE TON LE VIE THE RESIDENCE OF THE PROPERTY AND THE PARTY OF THE PARTY

08291

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the denth-certificate be executed within 24 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

			First Annie	Middle Virginia	lost Banker		2a. DATE O		ay Year	2b. HOUR
3	B. SEX	emale	4. RACE	nite	S. DATE OF Sept.	BIRTH 3, 1879		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
	count	RTHPLACE (Stote or foreign ry) arroll Co.Md	U.S.A			ORCED [		roll		٨
10	U	Y OR TOWN OF DEATH  nion Mills  ISUAL RESIDENCE (Where de	Me	eadow View	TITUTION (If not in hospitol Home.  Convalescen  13c. CITY OR TOWN	during mo	st of working	(Kind of work done g life, even if retired.) ipusework		
6	dmis	sion) STATE Marylar	13b. COUNTY	Carrol1	Silver Run	YES NO	Wes Wes	TREET AND NUMBER stminster,	Md. R.D	
		THER'S NAME First  Jerom  WAS DECEASED EVER IN U.S.		Dutte	erer	Mary	Ellen			Lost
	Ye		give wor or dates of service)	212-24-64	61-B Harvey	L. Ban	kert.	Westminste	er Md	R.D.2
		Conditions, if any, which g rise to immediate cause stoting the underlying co last. PART 2. OTHER SIGNIFICAN	(o), Use DUE TO, OR	AS A CONSEQUENCE OF		ula a			IM	0.
2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PE	RFORMED 20o. AU			F YES, WERE FINDINGS S OF DEATH?	CONSIDERED IN CE	ERTIFYING
	DICAL	21o. ACCIDENT WAS UNDER ☐ OR CONTRIBUTING ☐ CAUSE O If either, natify medical ex	HOUR A.M. P.M.	Month Day Year				ury in Part 1 ar Part 2,	5.5	
à	c	at wark at wark			TORY.) 21f. LOCATION Str			y ar Tawn	Caunty	State
		22a. I certify that (1) saw the decease causes stated at	ed alive an	tended the decease 13 2 1 (did nat) view the	9 6 6, and that in (			accurred an the d		(I) (we) lo and fram th
		22b. SIGNATURE	eluis (	Chappeo	DEGREE ATTEND PHYS.	DI	ED. RECTOR	STAFF PHYS.   22c	DATE SIGNED	8
1		NAME (Type)	Julius	Chepko	85		rook S	+ Lest	minst	
)	I	REMOVAL (Specify)	23b. DATE 7/3/68	St. M	CEMETERY OR CREMATORY  arys Cemete:		Silver	ON (City or Town) Run, Car:		
V	20	UNERAL DIRECTOR	Lino.	ADDRESS Tittlest	гожи Ра	2So. REC'D BY	PEGISTRAP 2	8 2Sh PEGISTRAR	'S SIGNATURE	4

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4		8.,	W

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AND CONTROL OF THE ROUGHS TO THE ROUGHS OF THE SOLD OF

# 08292

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funeral I and 2

hayrs-after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in bytes funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 22 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page 4 may be retained by the hospital ar attending physician.

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08296

				CEKILL	CATE OF D	LAIII				
	ECEASED-NAME	First	Middle		Last	2	2a. DATE OF I			2b. HOUR
(1	Type ar print)	Carrie	Hinea		Barrick		June	Manth Z Day	Year 1965	1020 N
3. SI	EX	4. RACE			S. DATE OF BIRTH	0		6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
	Female	T.	Vhite		Februar	y 24,	1890	last hirthday) YRS.	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (State ar for	eign 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIE	9. 0	COUNTY OF	DEATH	4	
	ntry) Maryland		S.A.	WIDOWED	DIVORCE			arroll		Md
	CITY OR TOWN OF DEATH Westminste:		11. NAME OF HOSPITAL OR IN give street address)  Carroll Co.	stitution (if Genera	nat in haspital  1 Hosp.		af warking l	(Kind af wark dane ife, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
13a. adm	USUAL RESIDENCE (When	land 13b. CO	institution: Residence before UNTY Carroll	13c. CITY O	R TOWN 13d.	INSIDE CITY LIMITS		EET AND NUMBER TD # 7		
	FATHER'S NAME Firs		iddle Last		S. MOTHER'S MAID	EN NAME First		Middle		Last
	Le	vi Fr	cancis Hine			Mar	У			Lohr
16a.	. WAS DECEASED EVER IN	U.S. ARMED FORCES	16b. SOCIAL SECURITY	NO. 17.	INFORMANT			Address		
1	Yes, na, ar unknawn)	in has dive may at agree of se	None	Mr	s. Ralph	Stone	sifer	RFD Ke	ymar, Me	
	18. CAUSE OF DEATH	(Enter anly ane cause	e per line far (a), (b), and (c)	.)	- 0			1		MATE INTERVAL NSET AND DEATH
	PART I. DEATH WA	AS CAUSED BY: IMMEDIATE CAUSE (c	· m	you	ardrol	who	retur	-with Fung	tute 2	4 h
	4109		O, OR AS A CONSEQUENCE OF	0		0				
110	Canditians, if any, whi		at at	Theras	le tre	1Sean >	C Bre	igues.	100	
	rise to immediate co		O, OR AS A CONSEQUENCE OF							
	stating the underlying cause last. (c)									
	PART 2. OTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED	O THE TERMINAL D	ISEASE OR CON	DITION GIVEN	IN PART 1(a)		
-	4201	hart to a								
AT:0	19a. DATE OF OPERATION	19b. CONDITION I	OR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY	17	20b. IF	YES, WERE FINDINGS O	ONSIDERED IN CE	RTIFYING
CERTIFICATION					YES 🖃	NO 🗆	CAUSES	OF DEATH?		
	21a. ACCIDENT WAS U	NDERLYING 21b.	TIME OF INJURY	21c. l	IOW INJURY OCCUR	RED (Enter na	iture of injury	y in Part 1 ar Part 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CA		R A.M. Manth Day Year P.M. 1	9						
MED	21d. INJURY OCCURRED While Nat while at wark at wark	21e. PLACE OF II	NJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		OCATION Street o	r R.F.D. Na.	City	ar Tawn	Caunty	State
	22a. I certify that	(1) (this hospite	attended the deceos	ed from	June 25,	. 196 F	_, fa	June 26 , 19	68 , that	(I) (we) las
	saw the dece	eased alive on_	(did) (did not) view the	196 F, of	id that in (my)	(aur) opinio	an death o	ccurred an the do	ate and haur	and fram the
	22b. SIGNATURE  22b. SIGNATURE  DEGREE PHYS  DEGREE PHYS									
	22d. PHYSICIAN'S	is for	noney m	DEG.	22e. ADDRES	DIREC	CTOR L	PHYS.	6/20/6	
	NAME (Type)	SOHN :	S. HARSH	EYA		rucho	-st.	Wastim	ating me	ed _
	BURIAL, CREMATION,	23b. DATE	23c. NAME OF					N (City ar Tawn)	(Caunty)	(State)
	Burial (Specify)	6/29/6			metery			Ridge, Fr		, Md.
	FUNERAL DIRECTOR	hn M. a	files ADDRESS			a. REC'D BY R		2Sb. REGISTRAR'S		
C	.0. Fuss/&	Son	Taneyto	wn, Ma	ryland D	ATUN Z	8 196	& yellar	les Judy	K

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#### MARYLAND STATE DEPARTMENT OF HEALTH L RECORDS, 301 W. PRESTON STREET, BALTIMORE,

08293

to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.

VR A15 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

			40.1111	TOTAL OF DEAT				
	CEASED-NAME First	1 1	Middle	Last	2a. DATE	OF DEATH	V	2b. HOUR
1	ype or print) E/12	w beth	1	SAS/ER	The Land Co.	Month Day	1 1968	88P N
3. SE	X	4. RACE		S. DATE OF BIRTH		6. AGE (In years		UNDER 24 HRS.
	Linde	urta	te	Zebreau 4	1 /87/	lost birthday) YRS.	MONTHS DAYS H	IOURS MIN.
70. 1	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUN	TRY? 8. MARRIE	D NEVER MARMED	9. COUNTY	OF DEATH		
cour	Mariland	91CA.	WIDOWE			arrall		Md
10.0	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL OR INSTITUTION (I	f not in haspital 120	. USUAL OCCUPATI	ON (Kind of work done	12b. KIND OF BUS	-
11	amactura 1	give street odd	ress)			ng life, even if retired.)	INDUSTRY	
130	USUAL RESIDENCE (Where deceo	sed lived if institution Perio		OR TOWN 134 INSID	E CITY LIMITS? 13e.	STREET AND NUMBER	1 tes	ne
	ssion) STATE	13b. COUNTY	-= 1/ 1/1/1/	notes YES		Houcksuil	L. R.J	
14	ATHER'S NAME FIRST	Middle	Lost	1s. MOTHER'S MAIDEN N	AMF Eigh	Middle	2700	Lost
14. 1	ATTIERS NAME FIRST	Middle	_ /	1	1	middle	140.	
1	Fredric	le la	SASTER	1)UNIT	UNCR		Weiss	,
	was deceased ever in u.s. ari	war ar dates of service)	CIAL SECURITY NO.	7. INFORMANT	+10-	Address	-/-	- NI a
	mo	(1/-	98-1094	Mm FRI	CIIC DA	USESON 14A	PLASTED APPROXIMATI	DJYC
	18. CAUSE OF DEATH (Enter or		, (b), ond (c).)	λΛ	1. /		BETWEEN ONSET	
	PART I. DEATH WAS CAUSE IMMEDI	ED BY:	hroric	1/400	ardit.	13		
	4129	DUE TO, OR AS A-CONS	SEQUENCE OF	10	2	. 0		
	Canditians, if any, which gave		teriosale	whie (a	ele Vose	when Strator	•	
12	rise ta immediate cause (a), stating the underlying couse	DUE TO OR AC A COM	SEQUENCE OF		- 1,100			
-	last.	(c)						
1-	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEAS	SE OR CONDITION G	IVEN IN PART 1(a)		
_	4221							
CERTIFICATION	190. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a. AUTOPSY?	20b	. IF YES, WERE FINDINGS CO	NSIDERED IN CERT	IFYING
FIG				YES 🗔	NO	ISES OF DEATH?		
CER.	21a. ACCIDENT WAS UNDERLYII	NG 216. TIME OF INJURY	21c.		(Enter noture of i	njury in Port 1 or Part 2, 1	tem 18.)	
	OR CONTRIBUTING CLEAUSE OF DEA	TH HOUR A.M. Month	Day Yeor		(4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MEDICAL	(If either, notify medical exami	iner) P.M.	19 19 214	LOCATION Cornel or D.E.	D No.	City or Town	Caunty	State
	While Nat while at wark of wark	. PLACE OF INJURY (AT HOME, OFFICE BU	ILDING, ETC.	LOCATION Street of K.F	.D. NO. (	iny or rown	County	31016
				17	1061	1 10	7 12 11 . 11	\
П	22a. I certify that (I) (th	alive ap (Corre	he deceased from	and that in Imul law	19 <u>60</u> , to	h accurred an the da	that (I	) (we) los
		e, (I) (we) (did) (did no			+7 opinion deal	n accorrea an ine aa	re and naur an	a fram ine
10	22b. SIGNATURE	1-1/2	0 0			226. 1	DATE SIGNED	-
	Andle	810	M 21 Ho	GREE PHYS.	MED. DIRECTOR	STAFF   6	-11-6	2
	22d. PHYSICIAN'S	1	1	22e. ADDRESS /	- Uniterior	- 11113:   89	1	1
١.,	NAME (Type)	nl F. Aru	Sh NID	HA	MART	FAD M	ary/a)	yd.
220	BURIAL CREMATION. 236.	DATE 2	3c. NAME OF CEMETERY	DP CPEMATORY	234 100	ATION (City or Tawn)	(County)	(State)
230.	OFMOVAL (Cassifu)			OK CKEMATOKT		rroll County		(aine)
24	FUNERAL DIRECTOR	June 14,1968	Leisters ADDRESS	250 B	REC'D BY REGISTRAF			
24.	Tipton*Eline F	uneral Home.		Md	IIIN I	4 1968	iarles de	idal.
	TAPOULT TARACT			DATE	0011	//	- //	100

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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ir removal and	in any event within 72 hours after death

ATTENDING PHYSICIAN: The law requires that the de

perm affel burial, crematian, signed by the c burial-transit p Page 4 may be retained by the hospital ar attending physician. director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior ta TO FUNERAL DIRECTOR: After this certificate

CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR (Type ar print) 6. AGE (In years lost birthday) 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR FEMALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED CARROLL WIDOWED [ DIVORCED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during mast af warking life, even if, retired) INDUSTRY 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY admission) STATE 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN RAME First Lost Addressame 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, na, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO NO 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Eater noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 2-27 2, 1967, to\_ saw the deceased alive on 6-1 and that in (my) (aur) apinion death accurred on the date and haur and fram the couses stoted obove, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR

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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08299
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THE PARTITION OF THE PA			23 1968 63 W
± ± 00 3 ≤	3. SI	X 4. RACE S. DATE OF BIRTH 6. AGE (in years if Under 1 YEAR if UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD lost birthday) MONTHS DAYS HOURS MIN. Month	2 / 2d/HOURS
H	-	ale White 1-15-120 48 YRS.	1968 0 M
	70. E	INTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (C. COUNTY OF DEATH	
ooth. Sages strik for ith for		Maryland U.S.A. Whomed Divoked Carroll	2b. KIND OF BUSINESS OR
fier deoth Give Pages 1, ong with form ith the Stote De			NDUSTRY
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S G & W & S	a	missian) STATE Maryland 13b. Baltimore City Baltimore YES NO 2926 Rockrose	Ave.
hours Office after of	14. F	ATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle	Last
2 3 S S	160	Jacob Bograd Rose  WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 112 INFORMANT	
		WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknown) (If yes give wor or dates of service)  NO  16b. SOCIAL SECURITY NO.  17 INFORMANT HER SAPPERSTEIN. 3314 ESS	EX RD. #21207
T.C. T. C.		18. CALISE OF DEATH (Enter only one cause per line for (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in iief Medical E onsit permit. F event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia due to occlusion of larynx (a ball of	Minutes
e execu pending of Medic sit perm		275 7 DUE TO, OR AS A CONSEQUENCE OF food)	
hief	1	Conditions, if any, which gove rise to immediate cause (o), (b)	
should be e te word "per a the Chief I buriol-tronsit I in ony even		stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	
ate sho g the w ed ta th s a buri and in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Schi	zonhrenic
	Z	reaction, other & unspecified. Mental deficiency, undifferentiated.	20111 31113
his certific ote, writing to forwards be used as	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
ote e e e	ERTIF	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2, Iter	YES NO NO
#		PRIMARY OR CONTRIBUTING HOUR A.M.	п тв.)
L EXAMINER: cecute the certifi Page 4 should for your files. NR: Page 3 should iol, cremation, c	MEDICAL	21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. Na. City ar Town	County State
GEPUTY. DICAL EXAM cessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page colth prior to buriol, crem		WHILE NOT WHILE of foctory, office building, etc.)	
CAL EX execution. Paged for y CTOR:P		22a. I certify that I taak charge af the remains described abave, held an Autapsy 🔀, Inspectian 🗌, Inquiry 🔲	and in my apinian
e e e crtor.	13	death resulted fram: Natural causes 🕱, Acciden 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner [	
director etoined DIRECT		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE S	ICNED /
rry, plee erol dii be reto RAL Di prior i		SIGNATURE SIGNAT	-24-65
O DEPUTY necessary, F the funerol 5 moy be n O FUNERAL Heolth pric		EXAMINER'S NAME (Type) W. Glenn Speicher, M. D.  ADRESSTE Sity Manual Supply W. Colonia Speicher. M. D.	the Carroll
the He	23a	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (St
aa	-	REMOVAL (Specify) BURIAL 6-26-68 WORKMEN CIRCLE BALTIMORE, MARYL	
VR A15ME (5)	-	FUNERAL DIRECTOR  L LEVINSON & BROS., 6010 REISTERSTOWN ROAD  ADDRESS  DATE JUN 2 6 1968 256. REGISTRAR'S S  DATE JUN 2 6 1968	
10M REV. 1/68	20	L LEVINSON & BROS., 6010 REISTERSTOWN ROAD DATEJUN 26 1968	0 0

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MARYLAND STATE DEPARTMENT OF HEALTH

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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			CLKIIIICA	IL OF DEATH				
	DECEASED-NAME First	Middle		Last	2a. DATE OF DEATH		W.	2b. HOUR
	(Type or print) William	Deaver Boston			6-14-68 Man	th Day	Year	11:45
3.	SEX	4. RACE	5.	DATE OF BIRTH	6. AGE (	(In years rthday)	MONTHS DAYS	IF UNDER 24 NRS
	Male	Negro		1-22-84	84	YRS.	MONINS DATA	HOUKS MIR
	. BIRTHPLACE (State or foreign untry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH			
	Maryland	U.S.A.	WIDOWED _		Carroll			
2	Sykesville	11. NAME OF HOSPITAL OR IN: give street address) Springfield	St. Ho	spital Tris	UAL OCCUPATION (Kind af mast af warking life, even S <b>urance Agen</b>	wark done if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
13c adr	a. USUAL RESIDENCE (Where decease missian) STAMaryland	ied lived, if institution: Residence before 13b. COUNTYBalto.City	13c. CITY OR TO	OWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND	NUMBER arlem	Avenue	
14.	. FATHER'S NAME First	Middle Last	15. N	OTHER'S MAIDEN NAME		Middle		Last
	William Boston		117 1415	Rebecca.	JOUNG			
16	da. WAS DECEASED EVER IN U.S. ARI Yes no, ar unknawn) (If yes give v			ORMANT /		Address		
-	1			ringileid S	t. Hospitæl	Recor	APPROXI	MATE INTERVAL
		Ity ane cause per line far (a), (b), and (c).					BETWEEN O	NSET AND OEATH
-	IMMEDI.	ATE CAUSE (a) BILLATERAL D	ronchop	neumonia.			days	
1	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave)  Strangulated left inquinal hemia							
	rise to immediate cause (a), (b)							
	stating the underlying cause	mont	he					
	PART 2. OTHER SIGNIFICANT COI	(c) Acute plone				1(a)		415
.,	5610					-(-)		
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WER		ONSIDERED IN CI	ERTIFYING
MFDICAL CER	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Manth Day Year ner) P.M.	9		ter nature af injury in Part	1 or Part 2, It	tem 18.)	
ME	While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.					Caunty	State
	22a. I certify that (I) (the sow the deceased of causes stoted of averages.	is haspital) attended the decease live on 6-14-68 1 e/(I) (we) (did) (did not) view the	ed fram_2= 9, and t bady after dec	29 <u>–68</u> , 19 hat in (my) (aur) a ath.	, ta <u>6-111-6</u> pinion deoth occurred	8, 19_ d on the do	, that te ond hour	(I) (we) loond from t
1	22b. SIGNATURE	n 67	DEGREE	ATTENDING PHYS.	MED. STAFF PHYS.		DATE SIGNED	
	22d. PHYSICIAN'S NAME (Type) Othon	Tirado			field St. Ho	sp.	= 87	
	a. BURIAL, CREMATION, 23b.	DATE / 68 23c. NAME OF AND	CEMETERY OR CR	EMATORY PIS			(County)	R (State)
24	. FUNERAL DIRECTOR	ADDRESS NGIL		Set 250. REGO	BY TECHSTRAP 1988 25b.	COURS .	SIGNATURE	se.
1/	nanhour P./1	man 6000 10 610	1000	DATE	- 6 1000		1 1	7

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00000		CEKIII	FICALE OF DEALE			
1. DECEASED-NAME	First	Middle	Lost	2o. DATE OF DEATH	2b. HOUR	
(Type or print)	sephine Stell	a Catalfamo	BRAVO	June 2	1968 12:E	
3. SEX	4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS	
Female	White	1.23	1-13-1919	9 lost birthdoy) 219 YRS.	MONTHS DAYS HOURS MIN	
To. BIRTHPLACE (Stote or fore	ign 7b. CITIZEN OF WHAT	COUNTRY? 8. MARR	HED NEVER MARRIED	9. COUNTY OF DEATH		
country) Pennsylvains	USA		VED DIVORCED	Carroll	٨	
O. CITY OR TOWN OF DEATH	II. NAME	OF HOSPITAL OR INSTITUTION	(If not in hospital 120. US	SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR	
Sykesville	Spr	et oddress) ingfield Sta	te Hosp.	most of working life, even if retired.)	INDUSTRY	
30. USUAL RESIDENCE (When	e deceosed lived, if institution	: Residence before 13c. CIT			3.0	
odmission) STATE Mary	and Ba	ltimoreCity	YES	NO ☐ 3617Echodale	Ave	
4. FATHER'S NAME First		Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Lost	
N Vi	to Catalfame			Aliberti		
6o. WAS DECEASED EVER IN Yes, no, or unknown)	f yas mya wor or dotas of candra)		17. INFORMANT	Address	Sykesville, M	
No		110-01-3875	Springfield	Hosp. Records		
	Enter only one couse per line	for (o), (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH	
PART I. DEATH WA	S CAUSED BY: IMMEDIATE CAUSE (o)	neumonia	*****		Days	
2101		A CONSEQUENCE OF				
Conditions, if ony, which	h gove) (b) Pr	esenile Bra	in Disease (A	lzheimer!s)	Years	
stoting the underlying	30 (0)/	A CONSEQUENCE OF				
last.	(c)					
PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE O	DR CONDITION GIVEN IN PART 1(0)		
305X					17 S. E. 186	
190. DATE OF OPERATION 210. ACCIDENT WAS UN	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY?  YES □ NO	S CONSIDERED IN CERTIFYING		
210. ACCIDENT WAS UN	2101 11112 01 11	IJURY 21	c. HOW INJURY OCCURRED (Er	nter noture of injury in Port 1 or Port 2,	Item 18.)	
OR CONTRIBUTING CAL	l exominer) P.M.	Month Day Yeor				
- 1 ZIG. INJUNI ULCUNKED	21e. PLACE OF INJURY (AT	HOME, FARM, STREET, FACTORY.) 21	f. LOCATION Street or R.F.D.	No. City or Town	County State	
While Not while at work			The state of the s			
22a. I certify that	(I) (this haspital) attend	ded the deceased fram	2-9-68 , 19	, ta <u>6-2-68</u> , 19		
saw the dece	ased alive an <del>0=2</del> abave, (I) (we) (did) (di	d nat) view the hady af	and that in (my) (aur) a ter death	pinian death accurred an the d	ate and haur and tram th	
22b. SIGNATURE	abare, (i) (we) (ala) (al	d har view me bady at	ici dediii.	22c.	DATE SIGNED	
Dr. Cen	Tominis	Laly	DEGREE PHYS.	MED CTAFE	5-2-68	
22d. PHYSICIAN'S	4		22e. ADDRESS	DIRECTOR THIS. 26	/ <b>-2-0</b> 0	
NAME (Type)	Antonius Gla	hri, M.D.		Sykesville, Maryl	and	
3o. BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)	
REMOVAL (Specify)	6/6/68.	Hely Redeen	mer Cemetery	Baltimere, M	ld.	
24. FUNERAL DIRECTOR	ck, Inc. Balt	ADDRESS	25p, REC'E	BY REGISTRAR 25h PEGISTRAD	SIGNATURE	
seemard J. Ku	ick, Tuc. part	a. Ma. STSTI	A HEN	3 1008 1000		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death.

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. The bould be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haux.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08299 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH RICHARD (Type or print) CHARLES and 5. DATE OF BIRTH IF UNDER I YEAR 3. SEX 6. AGE (In years last birthday) NOURS NHITE MALE within 72 haurs 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED ANEVER MARRIED physician and campletely filled in country) please remave carban papers. DIVORCED [ WIDOWED requires that the death certificate be executed within 24 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** EMPLOYET 13a. USUAL RESIDENCE (Where deceased lived. if institution: Residence before 113c. CITY OR TOWN 136 INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, na, ar unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL BETWEEN OPSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gave burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram\_ , and that in (my) (aur) apinion death accurred on the date and haur and from the saw the deceased alive an\_ causes stated above, (1) (we) (did) (did not) view the body after peath. 22b. SIGNATURE 22c. DATE SIGNED directar, page Shauld be filed PHYS. DIRECTOR 22d. PHYSICIAN'S NAME (Type); 23a. BURIAL CREMATION. (State) VR A15 (4) 30M REV. 1/68

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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		ECEASED-NAME Type or print) First	Middle  M .	B 1/81-5	20. DATE OF DEATH  Month  Doy	Year 2b. HOUR					
	3. SE.	EX Lemalo 4. RACE	to	5. DATE OF BIRTH  Gang 7-18	6. AGE (In yeors lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.					
	7a. B	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHA	AT COUNTRY? 8. MARRIED WIDOWED	NEVEK MINKINED	COUNTY OF DEATH	M					
0	10. C	11 And I a for give st	ME OF HOSPITAL OR INSTITUTION (IF iteet address)	during most	OCCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY					
6		USUAL RESIDENCE (Where deceased lived, if institution ission) STATE 13b. COUNTY	on: Résidence before 13c. CITY O	R TOWN 13d. INSIDE CITY LIMIT YES NO	_ (/, //	Ave					
'		FATHER'S NAME First . Middle	Kepfer	IS. MOTHER'S MAIDEN NAME Firs	10 0	116 Lost					
		. WAS DECEASED EVER IN U.S. ARMED FORCES? ('es, no, or unknown) (If yes give war at dates of service)	16b. SOCIAL SECURITY NO. 17. 213-01-923 #	B20 Shiple	and Wester	uniter, ud					
		Conditions, if ony, which gove	e for (o), (b), ond (c).)  releval Cayler  S A CONSEQUENCE OF	nic BrAIN	Syndrome	BETWEEN ONSET AND DEATH  H 141					
	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
7	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICE	CH OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING					
	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) P.M.  21d. INJURY OCCURRED 21e. PLACE OF INJURY (	INJURY Month Doy Year 19 AT HOME, FARM, STREET, FACTORY. 21f. L	7	ature of injury in Part 1 or Port 2, f	Caunty State					
		While Not while of work of work of work the deceased alive an	moded the deceased fram_	3 / 1/ 19.6	H, ta 6/24, 199 an death accurred an the da	that HV (we) las					
		causes stated abave (1) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  ATTENDING  DIEGREE PHYS.  ATTENDING  DIRECTOR  STAFF  PHYS.  22c. DATE SIGNED  6/24/68									
		22d. PHYSICIAN'S NAME (Type) WHFO A	rd M.O	22e. ADDRESS	chester	11 2-211/2					
		BURIAL (REMATION, PERMOVAL (Specify) 23b. DATE	23c. NAME OF CEMETERY OF	Franch 1	23d. LOCATION (City or Town)	(County) (Stote)					
	24.	FUNERAL DIRECTOR Myers, S. 10	Petnanty.	2So. REC'D BY	2 6 1968 REGISTRAR'S	was Judge					

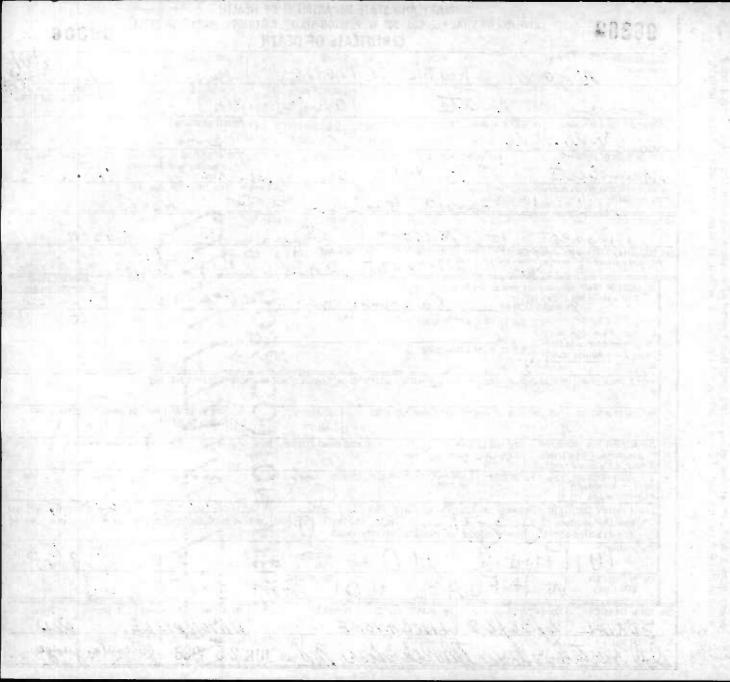
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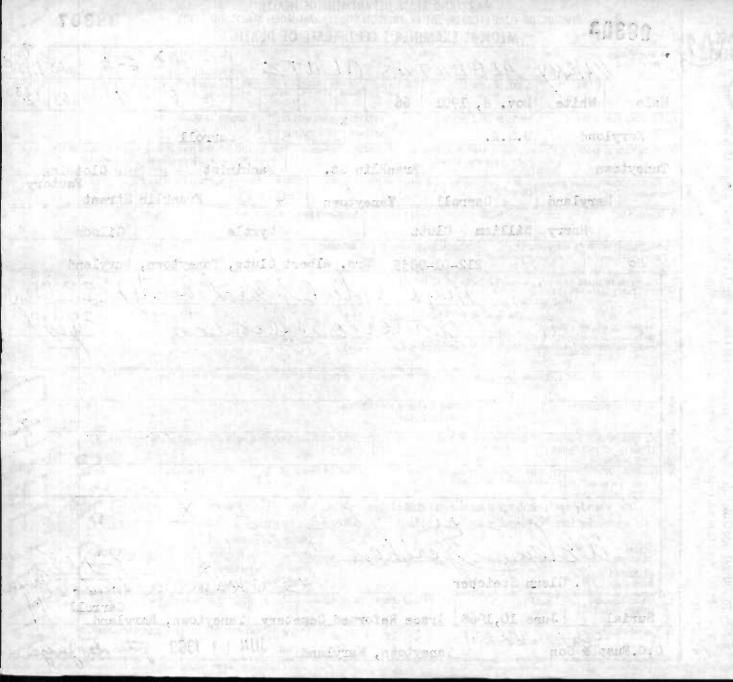
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 38307 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT . DECEASED-NAME First Last 20. DATE KNOWN (Type ar Print) ESTI-DEATH MATED delay IF UNDER 24 HRS. 3. SEX DATE PRONOUNCED DEAD last birthday) Mala Nov. 8, 1901 White 66 with the State Depa 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED T NEVER MARRIED 9. COUNTY OF DEATH with form Maryland U.S.A. WIDOWED DIVORCED [ Carroll in Item 18. Give Poges 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

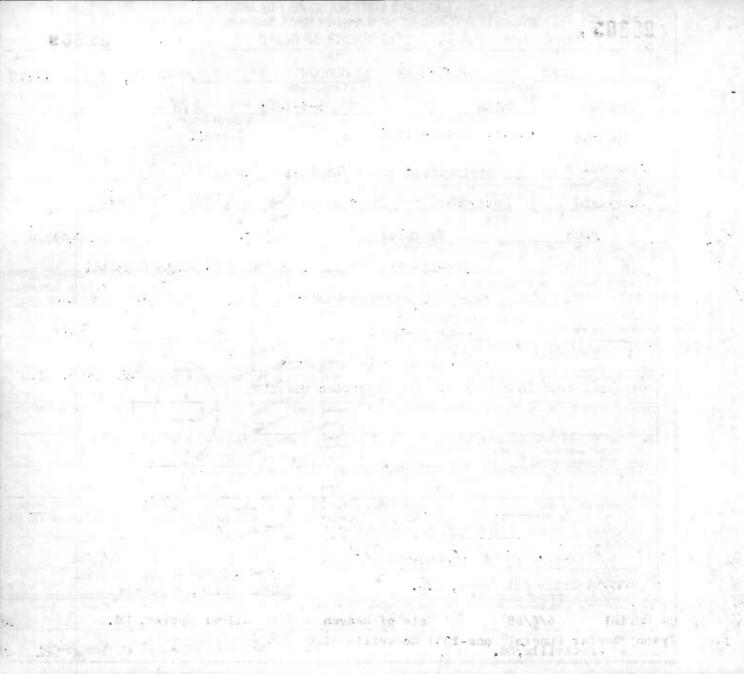
Machinist give street oddress) INDUSTRY Taneytown Franklin St. Clothing death 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Factory 13b. COUNTY Carroll Franklin Street Panevtown pages lond 2 ofter 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME Middle William Clutz Harry Myrtle Gilson hours Examiner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil within (If yes give war or dates of service) Mrs. Albert Clutz, Taneytown, Maryland File APPROXIMATE INTERVAL = within be executed 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE DUE TO, OR AS A CONSCO burial-transit Canditions, if any, which gave rise ta immediate couse (a), writing the word any This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 farwarded 00 removol, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES [ pe 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year should MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. City or Town County State factory, office building, etc.) NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ... moy be retained for FUNERAL DIRECTOR: Inspection \ Inquiry ond in my opinion Notural causes M - Accident deoth resulted from: Suicide Homicide Undefermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY **EXAMINER'S** Health W. Glenn Speicker 0 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY arroll Burial (Specify) June 10,1968 Grace Reformed Cemetery Tanevtown. 24 FLINERAL DIRECTOR VR A15ME .O.Fuss & Son

MARYLAND STATE DEPARTMENT OF HEALTH



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,		Item#5, FilmG	407 12/3/68	km CERT	IFICATE OF I	DEATH		08309	
£ . = 2€/		CEASED-NAME Firs	ıt	Middle	Last	2a.	DATE OF DEATH		2b. HOUR
deat	(1	ype ar print) MAR	Y JO	DSEPHINE	CONDON		Manth June	1968 1	12:10
草(小草)	3. SE	X	4. RACE		S. DATE OF BIR		6. AGE (In year	rs IF UNDER 1 YEAR IF U	INDER 24 HRS.
S of B of		Fema le	White		3-3-	<b>-1884</b> 188	last birthday)	YRS. MONTHS DATS HOL	JK3 min.
nin 24 haur filled in by papers. thin 72 hou	caur	Ireland	7b. CITIZEN OF WHAT CO	ountry? 8. MAR aturalized	RIED NEVER MARR	CIED	INTY OF DEATH		м
The law requires that the death certificate be executed within 24 haurs after death attending physician. The attending physician and campletely filled in by the attending physician and campletely filled in by maximizated se as the burial-transit permit. Then please temper carbon papers. Page 1 and it priar to burial, cremation, ar removal, applicable event, within 72 hour after death		TY OR TOWN OF DEATH Sykesville	give street Sprin	FHOSPITAL OR INSTITUTIO address) agfield Sta	te Hospita	during most of v	JPATION (Kind af wark warking life, even if reti Sewife	dane 12b. KIND OF BUSII red.) INDUSTRY	NESS OR
and campletely fremove carbon event, with	13a. adm	USUAL RESIDENCE (Where decements of the state of the stat	ased lived, if institution: R 13b. COUNTY Montgor	esidence befare 13c. Cl	TY OR TOWN	3d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMB 8304 Kerry	ER	
be exe	14. 1	ATHER'S NAME First	Middle	Last	15. MOTHER'S MA	IDEN NAME First	Mid	dle Lo	ast
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physicipus physicipus pless		WAS DECEASED EVER IN U.S. AF es, na, ar unknawn) (If yes give	RMED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT		Addı	ess	
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ne death certifi attending phy permit. Then ion, ar remova		1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS						APPROXIMATE I BETWEEN ONSET A	
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equires that the d physician. signed by the atte burial-transit perr burial, cremation.			ONDITIONS CONTRIBITING	iple infect	TED TO THE TERMINAL	DISEASE OF CONDITI	ON GIVEN IN PART 1(a)	CBS assoc. W	rith
req ig pl si o bu		PART 2. OTHER SIGNIFICANT CO	erioscleros	s, with ps	ychotic re	eaction	OR OFFER IN TAKE I(u)	025 45500	12012
AN: The law requires the all ar attending physician. icate has been signed by for use as the burial-trantheolik priar to burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b	o. CONDITION FOR WHICH O	PERATION WAS PERFORME	D 20a. AUTOF	PSY?	20b. IF YES, WERE FIND	INGS CONSIDERED IN CERTIF	YING
The land of the la	TIFIC				YES 🗀	NO 🔀	CAUSES OF DEATH?		
are ate		21a. ACCIDENT WAS UNDERLY		RY 2	lc. HOW INJURY OCCU	URRED (Enter nature	e af injury in Part 1 ar P	art 2, Item 18.)	
rsician: ospital ar certificate hed far unt. of Health	MEDICAL	OR CONTRIBUTING CAUSE OF DE (If either, natify medical exam	niner) P.M.	nth Day Year					
ATTENDING PHYSICIAN: stained by the hospital arCOR: After this certificate should be detached far with the State Dept. of Heal		21d. INJURY OCCURRED 21e While Nat while at wark	e. PLACE OF INJURY (AT HO	IME, FARM, STREET, FACTORY,)	21f. LOCATION Street	ar R.F.D. Na.	City ar Tawn	Caunty	State
by the ffer be constant		22a. I certify that (1) (t	his haspital) attende	d the deceased fran	n_2-5-66	, 19,		\$ 19, that (I)	(we) la
R: A Uld		saw the deceased	alive an ve, (I) (we) (did) (did	6/4/68 19	., and that in (my fter death	/) (aur) apinian (	death accurred an t	he date and havr and	fram th
R ATTENI retained ECTOR: A 3 should with the		22b. SIGNATURE	1-9 0		MX			22c. DATE SIGNED	
or ATTEN be retained DIRECTOR: ge 3 should lied with the		agust	m del (	ampo!	DEGREE PHYS.	G MED. DIRECTO	R D STAFF DE	6/4/68	
may be RAL DIR , page 3 be filed		22d. PHYSICIAMS	- 4-1 C	v. 6	22e. ADDR	-	field State		
O HOSPITAL OR ATTENDE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the 1	,		in del Campo				ille, Maryl		
O HOSPII Page 4 m O FUNER, director, shauld b	23a.		. DATE	23c. NAME OF CEMETER			LOCATION (City or Town		itate)
2 2 2	94		5/6/68	Gate of			ver Spring	TRAR'S SIGNATURE	
VR XV5 (4) 30M RBV /68	Fy	son <sup>al w</sup> neeler Fu Rockvi	neral Home- lle,Md.	1331 Rockvi	lle Pike	DATE BY REGI	7 1968	Cliarles Judy	pla .



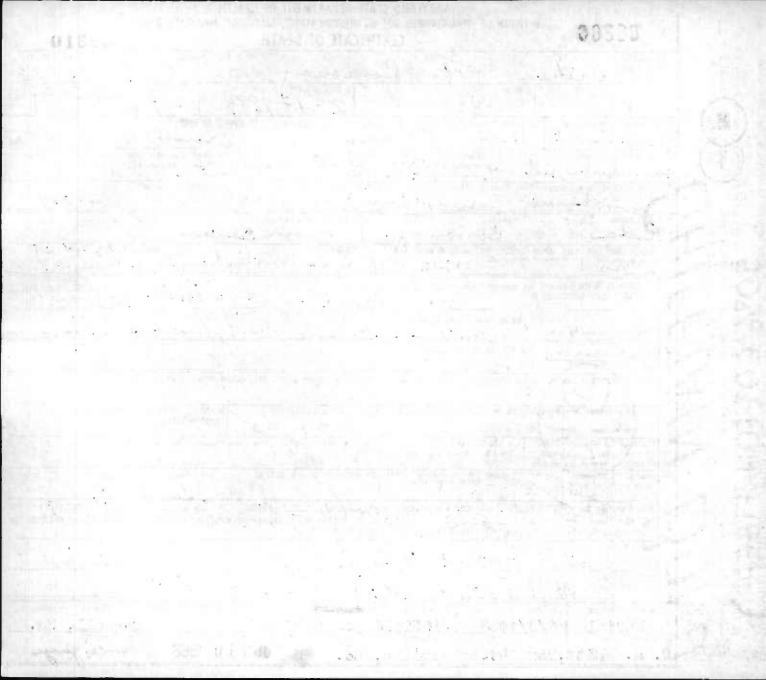
### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 38310 DECEASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR 715 (Type or print) 3. SFX 4 RACE 6. AGE (In years S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS HOURS MONTHS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stots or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [ WIDOWED . IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before \$13c. CITY OR TOWN. 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES 🗌 21797 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address ACC Yes, no, os unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 2 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street of R.F.D. No. City or Town County State While Nat while of work 22a. 1 certify that (1) (this haspital) attended the deceased fram 3 / / , 1967, ta 6/3 , 1968, that (1) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an 1963, and that causes stated abave, (I) (we) (did ) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SUBNED MED. DIRECTOR ATTENDING PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE NAME OF CEMETERY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 1968 Winfield ChurchOf God Carroll 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Waltz, Box 241, Sykesville, Md.

ond 2 death. requires that the death certificate be executed within 24 haurs after death. remove cor burial-tronsit signed by the TO FUNERAL DIRECTOR: After this certificate has been 00 detoched director, po 30M REVENTA

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prior to



Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages—Pages, 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

> VR A15 (4) 15M 4-64

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08807

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
CARROLL MARYLAND	a. STATE MARVLAND b. COUNTY CARROLL
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
NEW WINDSOR RURAL YEARS	NEW WINDSOR RURAL
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
WESTMINSTER ROAD	WESTMINSTER ROAD YES NO N
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) UAMES LINCOLN CI	RABBS DEATH 6- 24 1968
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE OF BIRTH  9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
// WIDDWED DIVORCED	PRIL 18-1894 74 yrs.
10a. USUAL'OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?
CARPENTER WOOD	MARYLAND 45A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES L CRABBS	FANNIE POLESON
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT Address MD
NO 273 - 3 213-01-9233FL	ORENCE HCRABBS NEW WINDSOK
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND PEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Carculery [	hrambosis Suddly
14/29 DUE TO (A)	-A. D 1-5 1 1 540
Conditions, If any, which ) Conditions, If any, which )	rolletararo bocular 6-1-700
gave rise to immediate cause (a), stating the DUE TO	Dellage 1614 11 West
underlying cause last. (c)	wantoses teh-1964 4 graf
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
VOI 4201	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY NOT RELA  420/ 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE DF INJURY (Home, farm,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e, PLAI factor p.m. 19 at work at work	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from a	Riel 6 1963 roxene 24. 1968, that (1) (we) last
	death occurred at 12:15 M from the causes and on the date stated above.
22a. SIGNATORE	22b. DATE SIGNED
Willow speigher M.D	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIFFERENCE PHYS.
22c. PHISICIAN'S NAME (Type) 1/1/ (DIFFILM CDF) CILED	22d. ADDRESS
CHEATY SPEICHER	WESTMINSIER MD
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
DURIAL 6/27/68 WINIEKS	NEW WINDSOR RURAL MD
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
DD Harpler + Sous /lew Wing	CAN DATEIN 26 1968 Cliantes Judge
- //	700

### MARYLAND STATE DEPARTMENT OF HEALTH

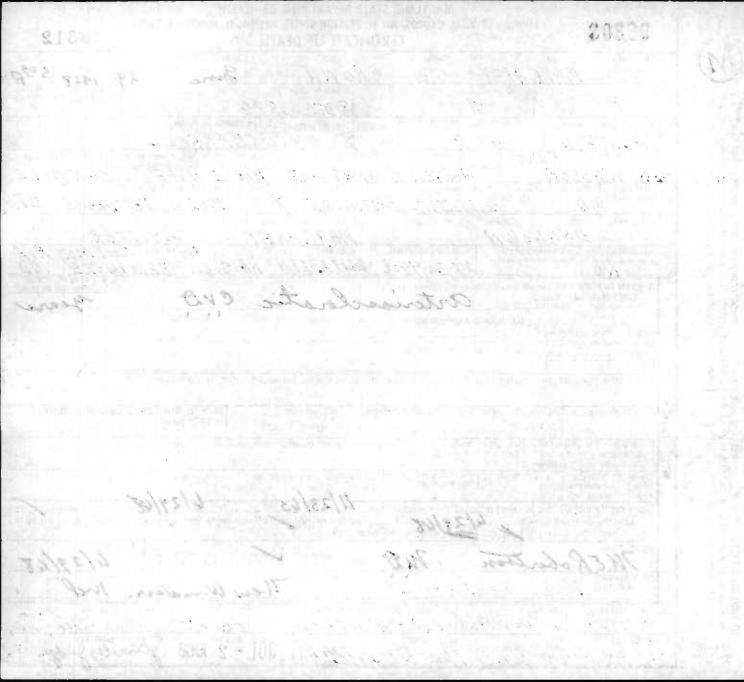
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET.

RESTON STREET, BALTIMORE, MARTLAND 21201	
CATE OF DEATH	0831

60800		CERTIFICATE OF DEA	TH	08312
1. DECEASED-NAME (Type or print)	First Middle	Lost	2a. DATE OF DEATH  Month	Day Year 2b. HOUR
///	TKGHNEI	CHOWN	June	29 1968 3 -R
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN
7o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MADDICO TO MENTE MADDICO TO		YRS.
country) AUSTRIA	115 A	8. MARRIEO NEVER MARRIED WIDOWED DIVORCED	0 5 5 5 5	Md
10. CITY OR TOWN OF DEATH		The state of the s	. USUAL OCCUPATION (Kind of work de	one 12b. KINO OF BUSINESS OR
NEW WINDSO	R give street address)	N BOAKDING HOME	ing most of working life, even if retire	OWN HOME
13o. USUAL RESIDENCE (Where d	eceased lived, if institution: Residence be		DE CITY LIMITS? 13e. STREET AND NUMBER	7
110.	Distribut	E BALTIMORE YEST	KIOLYY DI	ALTIMORE SI.
14. FATHER'S NAME First		ast IS. MOTHER'S MAIDEN N	AME First Middl	e Last
16a. WAS DECEASED EVER IN U.S	ARMED FORCES? 16b. SOCIAL SECU	JRITY NO. 117. INFORMANT	1147 Addres	ILK BUGO BUT
	s give war or dates of service)	9406 ELIZABETH	RAISTAN RAI	TIMUETE MID
IR CAUSE OF DEATH (Ent	er anly ane cause per line far (a), (b), ar		The Store Diffe	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
PART 1. DEATH WAS C	AUSED BY: MEDIATE CAUSE (a)	erisacle ate	- CVD	BETWEEN ONSET AND DEATH
4129	DUE TO, OR AS A CONSEQUENCE	TE OF	111	Fine
Canditions, if any, which g				
rise to immediate cause stating the underlying co		CE OF		
last.	(c)			
PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TERMINAL OISEAS	SE OR CONDITION GIVEN IN PART 1(a)	
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 20a. AUTOPSY?	TOOK IE VES WEDE EINDIA	IGS CONSIDERED IN CERTIFYING
190. DATE OF OPERATION 210. ACCIDENT WAS UNDE	175. CONDITION FOR WHICH OPERATION W		CAUSES OF DEATH?	IOS CONSIDERED IN CERTIFIANO
			(Enter nature of injury in Part 1 or Par	† 2, Item 18.)
OR CONTRIBUTING CAUSE ( Off either, natify medical e	xaminer) P.M.	19		
	210. PLACE OF INJURY ( AT HOME, FARM, STR OFFICE BUILDING, ET	(EET, FACTORY,) 21f. LOCATION Street or R.F.	.D. No. City or Town	Caunty State
While Not while at wark	\(\langle \text{(1)} \) \(\lan	11/23/15	10 10/29/18	10 41 (1) / / 1
saw the decease	of alive an	ceosed from	19, to 7768	i 19, that (I) (we) last e date and hour ond from the
causes stoted o	bove, (I) (ve) (did) (did view	the body after death.		
22b. SIGNATURE	1 -	ATTENDING E	MED. STAFF	22c. DATE SIGNED
22d. PHYSICIAN'S	verion 1	OEGREE PHYS.	DIRECTOR L PHYS. L	4/29/48
NAME (Type)	E ROBERTS	ON 228. AUUKESS	Yew Windsor	mel
23a. BURIAL, CREMATION,	23b. DATE L23c. NAM	NE OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
amina da an	2 JULY 1968 NEV	V CATHEDRAL	BALTIMORE	MD
24. FUNERAL DIRECTOR	A D Y AD		REC'D BY REGISTRAR 2Sb. REGISTI	PAR'S SIGNATURE
NN ATTAL	KITSONO, / LUV	(1) (Molost) DATE	JUL - 5 1000 Kg	rances Judge

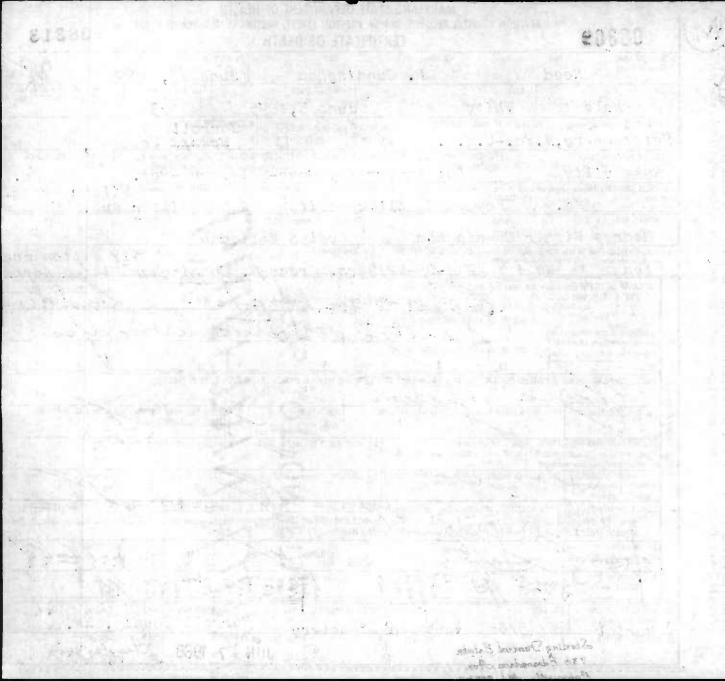
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the fundirector, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after a VR A15 (4) 30M REV. 1/68

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 have efter death. Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08369 CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED-NAME First Middle (Type or print) Reed Cunningham June 3 SEX A RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) Male White 5.1895 Tune requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED Petersberry . W. Va. - U.S. A. DIVORCED [ WIDOWED [ Howard Count 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Nursing Home-Salesman -Ret. Sukesville 13e. STREET AND NUMBER Wilton 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN odmission) STATE 13b. COUNTY Wilton 14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First George Fisher Cunningham Evelun Holladau 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) attending phys permit. Then p 218-05-4219Mrs. Grace 18. CAUSE OF DEATH (Enter only one couse per line for (b), and (c). TWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove ) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE O stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior ta the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO T 2HS TIME OF INJURY 24C HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH & HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED / 216. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) otherded the deceased from 70 19 X, and that in (my) toer opinion death occurred on the date and hour and from the staw the deceased alive on... 0 Jouses stoted obove (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. MED. DIRECTOR DEGREE PHYS. director, page should be filed 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Carroll County, Review Cemeteri 24. FÜNERAL DIRECTOR Sterling Juneral Estate 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) A

736 Edmondon A



03310 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08314 CERTIFICATE OF DEATH Item#13e.FilmGhO2 DECEASED-NAME First Last 2a. DATE OF DEATH 2b. HOUR 6-23-68 Manth (Type or print) Year Morris (NMN) Damsky 8:00aM 3. SFX 4. RACE S. DATE OF BIRTH IF UNOER 1 YEAR IF UNDER 24 HRS. 24 hours after 6. AGE (In years last birthday) Maile White 1884 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED countryRussia U.S.A. DIVORCED TO WIDOWED [ Carroll the attending physician and campletely filled sit permit. Then please remave carban paper būrial-trānsit permit. Then please remave carbān papet burial, crematian, ar remaval, and in any event, within 72 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR law reauires that the death certificate be executed within give street oddresslield St. Hospital during mast at warking life, even if retired.) Sykesville 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland Unk . Unknown 13b. COUNTY alto. City Baltimore YES X 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First UNK. UNK. 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown 220-54-7960 Springfield St. Hospital Records. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephrosclerosis Months DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave Arteriosclerotic heart disease Years rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse (d) Generalized arteriosclerosis Years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Schizophrenic reaction, simple type d far use as the af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? TENDING PHYSICIAN: The YES 🖂 NO X 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month Day Year OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. (If either, notify medical examiner) shauld be detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 6-4-36 saw the deceased alive an 6-23-68 19 , and that in ( to 0=23-58 and that in (my) (aur) apinion deoth occurred an the date ond hour and from the couses stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED louston del **ATTENDING** DEGREE director, page Shauld be filed PHYS. 22e. ADDRESS Springfield State NAME (Type) OUSTIN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE BALTIMORE, MARYLAND 23o. BURIAL CREMATION. (State) OHEB SHALOM 7-5-68 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 1968 SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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# CERTIFICATE OF DEATH

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08315

		CERTITICATE OF DEATH
/		EASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
	(1	pe or print) ANNIE Charlotte Daugherty June 3 GS 2:10 At
	3. SE	4. RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	1	enule slite July 29-1892 lost birthday) YRS. MONTHS CAYS HOURS MIN.
		RTHPLACE (Stote or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	caur	Da (Nork) WSA WIDOWED DIVORCED Command
	10. (	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
		MANCHESTER give street address) SMAIN during most/of warking life, even if retired.) WellsTRY Home-
	13o.	JSUÁL RÉSIDENCE (Where deceased lived, if institution: Résidence befare) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	duill	The War R Co neur Wreedown R P D !
)	14. 1	THER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
		Josiah Shafter trances Weaver
í		WAS DECEMBED EVER IN U.S. ARMED FORCES?  s, na, ar unknown) (If yes give war or doles of service)  Address  Carroll Daughert
	=	s, nd, or witknown) (17 b 26-1694) Minchester, Md
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I, DEATH WAS CAUSED BY:
		IMMEDIATE CAUSE (a) Cancensona OTO, MACH 9200
		DUE TO, OR AS A CONSEQUENCE OF
	Α,	Canditians, if any, which gave (b) (b) (b)
H		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
		15/
	CERTIFICATION	19a. Date of operation 19b. Condition for which operation was performed 20a. Autopsy? 20b. If yes, were findings considered in certifying
)	IFICA	YES NO CAUSES OF DEATH?
		21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	MEDICAL	□ OR CONTRIBUTING □ CAUSE OF O€ATH  If either, natify medical examiner)  HOUR A.M. Manth Day Year  P.M. 19
	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. IOCATION Street or R.F.D. No. (ity or Town County State
		While Nat while at wark
		22g   certify that (1) (this hashital) attended the deceased from 1 1968 to 213 1968 that (1) (wa) los
	4	saw the deceased alive an
2	S.	22b. SIGNATURE 22c. DATE SIGNED
		WH Toward MIP-DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR
		22d. PHYSICIAN'S A A A A A A A A A A A A A A A A A A A
		NAME (Type) Welt. FORTH MANCHESTER Med 21102
	23a.	BURIAL, CREMATION, 23b. DATE / 23c. NAME OF CEMETERY OR CREMATORY , 23d_LQCATION (City or Town) (County) (State)
		REMODALISPECTIVILLY 6/5/68 Bethlehem Stiltz Cem Glen Rock R.D.3 Par.
1	24.	UNERAL DIRECTOR 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
8 1	1	HOLDING TO THE WAS ALLEGED TO DAY THE THE TO SOME A DESCRIPTION OF THE PARTY OF THE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08316

CERTIFICATE OF DEATH

	CEASED-NAME First ype or print)		Middle HOPE	DER	Last <b>N</b>	2a.	DATE OF DEATH 6 Month 5	Day 19	68	2b. HOUR 9 2 45 p
3. SE	Y female	4. RACE	ite	1	DATE OF BIRTI		6. AGE (In years birthday)	IF UNIT	DER I YEAR S DAYS	IF UNDER 24 HRS. NOURS MIN.
	BIRTHPLACE (State or foreign ntry) St Virginia	7b. CITIZEN OF WH		MARRIED [	NEVER MARRIE	U U	INTY OF DEATH Carroll	7 K3.		M
10. C	ITY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL OR INSTITU	JTION (If not	in haspital		JPATION (Kind af wark do varking life, even if retire nousewife	one 12t	. KIND OF DUSTRY	BUSINESS OR HOME
13a. admi	USUAL RESIDENCE (Where decearission) STATE Maryland	sed lived, if instituti 13b. COUNTY	on: Residence before 13	c CITY OR T lagers	own 13d	INSIDE CITY LIMITS?	1304 Oak F	3		16
	ATHER'S NAME First  Tobias	Middle	Last <b>Fike</b>		MOTHER'S MAID	EN NAME First Mac	Middle Fre	100		Last
16a. Y	WAS DECEASED EVER IN U.S. AR es, na, or unknown) (If yes give	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY NO. 214-28-575		ORMANT ringfi	eld State	Addres B Hospital F	Syke		le, Md
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure								APPROXI	IMATE INTERVAL DNSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. 42	(b)	S A CONSEQUENCE OF Arteriosc S A CONSEQUENCE OF Infected				ar disease		year	
Z.	PART 2. OTHER SIGNIFICANT CO	nditions contribute syndrome					ON GIVEN IN PART 1(a) riosclerosi:	s wit	n	
CERTIFICATION	19a. DATE OF OPERATION 19b	. CONDITION FOR WH	CH OPERATION WAS PERFO	RMED	YES	/? NO <b>□</b>	20b. IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CONSIDI	RED IN C	ERTIFYING
MEDICAL CE	21a. ACCIDENT WAS UNDERLY ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (If either, natify medical exam	HOUR A.M. iner) P.M.	Manth Day Year 19		V INJURY OCCUR	RED (Enter nature	e af injury in Part 1 ar Pa	rt 2, Item 1	8.)	
ME	21d. INJURY OCCURRED 21e While Nat while at wark	. PLACE OF INJURY	AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.	21f. LOC	ATION Street o	or R.F.D. Na.	City or Town	Cou	inty	State
	saw the deceased	22a. I certify that 1) (this haspital) attended the deceased from 3=22, 1968, ta 6=5=, 1968, that 1) (we) lass saw the deceased alive an 6=5= 1968, and that in (144) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death.								
	226. STONATURE  ATTENDING  MED.  STAFF PHYS.  226. DA  OFFICION  DEGREE PHYS.  OFFICION  DEGREE PHYS.							-	6-68	
,			unsal, M.D.			Sykesvi	ield State   	nd		
1	KENIOVAL (Specify)	DATE 4 8, 196	23c NAME OF CEM	ETERY OR C	2	1	LOCATION (City or Town)	tod.	unty)	Aldo
24.	FUNERAL DIRECTOR	Georger	Thurson	0, 2	1	OATE JUN 1		Turnel		week.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 4 and 2 should be filed with the State Dept. at Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after death VR A15 (4) 30M REV. 1/68

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the haspital or attending physician.

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08317

CERTIFICATE OF DEATH

Description with		40.18	1 .	In DATE OF	DEATH	Lat nous
1. DECEASED-NAME (Type or print)	Florence	R. Derr	Lost	20. DATE OF	Month Doy	Yeor 339
3. SEX	4. RACE		S. DATE OF BIRTH	6	6. AGE (In years	IF UNDER TYEAR   IF UNDER 24 HRS.
Female		White	June 21, 1	878	lag birthdoy)	MONTHS DAYS HOURS MIN.
7o. BIRTHPLACE (Stote or fore	ian 7b. CITIZEN OF V			9. COUNTY OF	1K3.	
(untrust		INVA	RRIED NEVER MARRIED			
Md.	USA		OWED ROUND DIVORCED		arroll	N N
O. CITY OR TOWN OF DEATH New Windsor		NAME OF HOSPITAL OR INSTITUTION street oddress)			(Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
3o. USUAL RESIDENCE (Where odmission) STATE MC	deceosed lived, if institu	tion: Residence before 13c. C		Y LIMITS? 13e. ST	REET AND NUMBER	
14. FATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN NAME	and the same of th	Middle	Lost
Ada				Barhara	Boose	
160. WAS DECEASED EVER IN (	J.S. ARMED FORCES? yes give war or dates of service)	16b. SOCIAL SECURITY NO. <b>215–50–9198</b>	17. INFORMANT  Quentia	an S.	Address Derr	New Windsor
18. CAUSE OF DEATH (	Enter only one couse per	line for (o), (b), and (c).)	2 4.		NA	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
TAKE II. DEATH TIA.	IMMEDIATE CAUSE (a)	arreno	relevative	- 6		Learn
4129		AS A CONSEQUENCE OF			· ·	1000
Conditions, if ony, which						
rise to immediate cou	DUE TO OR	AS A CONSEQUENCE OF				
lost.	(c)					
PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE O	R CONDITION GIVE	EN IN PART 1(o)	The Market State of the
4221						
190. DATE OF OPERATION 210. ACCIDENT WAS UN	19b. CONDITION FOR W	HICH OPERATION WAS PERFORME	ED 20a. AUTOPSY?	/ 20b. I	F YES, WERE FINDINGS (	ONSIDERED IN CERTIFYING
5			YES NO [	CAUSE	S OF DEATH?	
210. ACCIDENT WAS UN	DERLYING 21b. TIME	OF INHIRY	21c. HOW INJURY OCCURRED (En		ry in Port 1 or Port 2	Item 181
OR CONTRIBUTING CAU	SE OF DEATH HOUR A.M	. Month Doy Yeor	Zit. Hoti Hooki occokkeb (c.	nor norote or my	,, d d d	1000
(If either, notify medico	l exominer) P.M		OIL LOCATION C DED I	A1 67	T	County State
≥ 21d. INJURY OCCURRED While Not while	1 21e. PLACE OF INJURY	OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D.	No. Lin	y or Town	County Stote
ot work of work			7/3//2		113/10	<u> </u>
22a. I certify that	(I) (this haspital) at	tended the deceased fro	m 2 ( ) ( 4 ), 19		4/1/4	, that (1) (we) lo
saw the deced	abave, (I) (we) (did	) (did not) view the body	, ond that in (my) (out) of after death.	pinion death		
22b. SIGNATURE	E. Rob	utran me	SEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF 22c.	DATE SIGNED
22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS	ew l	mindre	n , rud
30. BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMETE	RY OR CREMATORY	23d LOCATI	ON (City or Town)	(County) (Stote)
BENOVAL (Specify)		- 40				
24. FUNERAL DIRECTOR	June 4,	L968 Shiloh	Cemetery 250 PECT	BY REGISTRAR	25b. REGISTRAR	rrell Col. Md
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Thou - FILL	e Funeral H	Iome Hampstead	Md DATE	UN 4	1968 JCL	onles Judge

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and cample elyculled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave can an agreers. Pages 1 and 2 should be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

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Item 24 . Film G bivision OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08318 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT 1. DECEASED-NAME First Middle Last 20. DATE KNOWN[7] Year (Type or Print) ESTI-OF OWEN ROOSEVELT DOXEY any delay is 2, and 3 ta Page DEATH MATED IF UNDER 1 YEAR IF UNDER 24 HRS Department 4. RACE 6. AGE (In years 3. SFX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD PM3. HOURS APPINT. Day 3 8 al Male White 68-67s Oct.31,1900 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH with farm country) US N.J. DIVORCED [ WIDOWED [ CARROLL in Item 18. Give Pages haurs after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.) INDUSTRY give street address) the Westminster Carroll County General Hospital Office alang 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Pa. 13b. COUNTY 108 Elmwood Boulevard York YES NO and 2 after 1S. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Last First Middle MaryF. Reynolds Gob---haurs Examiner's pages Mrs. Mary T.Doxey 1921 Eastern Ave. 24 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO pencil (Yes, no, or unknown) (If was give war or dates of service) 217-10-9917 File APPROXIMATE INTERVAL \_ within be executed CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. IS CAUSED BY: Hypertensive and arteriosclerotic cardiovascular disease Medical PART I. DEATH WAS CAUSED BY: pending event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate couse (a), any writing the ward This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause farwarded to the .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD remayal. used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X the certificate, pe shauld be P 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: crematian. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21 f. LOCATION Street ar R.F.D. Na. City or Town County Page factory, office building, etc.) WHILE AT WORK AT WORK 22a. 1 certify that I took charge of the remains described obove, held an Autopsy Inspection Inquiry and in my opinion Natural couses X Suicide | Undetermined monner death resulted fram: Accident Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER X O DEPUTY Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER June 13, 1968 Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23d. LOCATION (City or Town) 0 23g. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) June 17/68 Oak Lawn Cem. **ADDRESS** FUNERAL DIRECTOR 31 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Philip Herwig 2024 Orleans St MATE JUN 17

VR ATSME 10M REV. 1 MARYLAND STATE DEPARTMENT OF HEALTH

2b. HOUR

2d. HOUR

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME Last 2a. DATE OF DEATH 2b. HOUR death. death and (Type or print) CARRIE Month filled in by the funera S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS requires that the death certificate be executed within 24 hours after 3. SEX 6. AGE (In years last birthday) MONTHS QAYS HOURS FEB, 25 1884 9. COUNTY OF DEATH 7o. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED T DIVORCEO [ NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ave carbon i during most of working life, even if retired.) INDUSTRY 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First the attending physician and sit permit. Then please rem and in an 160. WAS OECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMAN Yes, na, ar unknawn) (If yes give war or dates of service) ar remaval, 18. CAUSE OF DEATH (Enter only one cause per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) crematian, DUE TO OR AS A CONSEQUENCE Canditions, if any, which gave ? burial-transit rise to immediate couse (a). DUE TO, OIL AS A stating the underlying couse. signed t burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the has been 190. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY CAUSES OF DEATH? YES IT TO FUNERAL DIRECTOR: After this certificate 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part ar Port 2, Item 18.) far HOUR A.M. OR CONTRIBUTING CAUSE OF CEATH Manth Day Yeor (If either, notify medical examiner) P.M be detached AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State OFFICE BUILDING, ETC. While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from [[] and that in (my) (con) apinion death occurred on the date and hour and from the be retained shauld E SIGNED ATTENDING PHYS. DIRECTOR PHYS. PHYSICIAN'S 22e. ADDRESS 22d. NAME (Type) director, shauld b 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (State)

2Sb. REGISTRAR'S SIGNATUR

by the funeral series of 2 nours often deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or ottending physicion.

# MARYLAND STATE DEPARTMENT OF HEALTH

	08316	DIVISION OF VITA			TE OF D		OKE, MAK	YLAND 21201	0832	30
	ECEASED-NAME Firs Type ar print)	FRANCES M. F	Middle ADUM		Last		2a. DATE OF 1	NE <sup>Man</sup> 20, 198	8 Year	2b. HOUR 5 A
3. S	EX	4. RACE			. DATE OF BIRTI			6. AGE (In years last, bighday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	Female	Whit	e	3	March 1	4,1898		YRS.	MONTHS DAYS	HOURS MIN.
7a. cau	BIRTHPLACE (Stote or foreign intry) Indiana	7b. CITIZEN OF WHAT CO		WIDOWED	-J		COUNTY OF	PEATH rroll		M
10. (	CITY OR TOWN OF DEATH Winfield	11. NAME 0 give street Go Lo	oddress) len Age F	TITUTION (If nat	in haspital			Kind af work done fe, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
13a. adm	USUAL RESIDENCE (Where deceminission) STATE Maryland	ased lived, if institution: R 13b. COUNTY	Residence before	13c. CITY OR T Baltim		INSIDE CITY LIMITS  ES NO		EET AND NUMBER  5 N. Char	les St.	
14.	FATHER'S NAME First	Middle	lost Carr	15.	MOTHER'S MAID		lknown	Middle		Last
16a	i. WAS DECEASED EVER IN U.S. AF Yes, na, ar unknawn) (If yes give	wor or dates of carries	SOCIAL SECURITY N 5-05-064		ORMANT .ss Hele	n Mart	in Pe	Address eoria, Ill		
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave)  (b)  APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH  APPRO									
7	stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
CERTIFICATION	19a. DATE OF OPERATION 191	o. CONDITION FOR WHICH O	PERATION WAS PER	RFORMED	20a. AUTOPS) YES	/? NO 🔲		YES, WERE FINDINGS O OF DEATH?	ONSIDERED IN CE	RTIFYING
MEDICAL CER										
ME	21d. INJURY OCCURRED 21 While Nat while at wark at wark	e. PLACE OF INJURY ( AT HC	Matra	1				ar Tawn	Caunty	State
	22a. I certify that (I) (t saw the deceased causes stated above	his haspital) attende alive an <u>atm</u> ve, (I) (we) (did) (did	14 19	9 and and	that in (my)	aur) opinio	on death o	ccurred on the do	te ond hour	(I) (we) la and from th
	22b. SIGNATURE	1A9T/	W /	M bigher	11113.		CTOR 🗆	STAFF PHYS.   220	DATE SIGNED	. 68
	22d. PHYSICIAN'S NAME (Type)	Master	ic hy	10	22e. ADDRES	Wes	hres	miter	lud	•
	REMOVAL (Specify)	DATE 6-24-68	<del></del>		(Martin	1)	Bal	i (City ar Tawn) timore, Mo		(State)
24.	FUNERAL DIRECTOR		ADDRESS		29	a. REC'D BY R	REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physion and campletely filled it director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon paper should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 7. VR A (5/4) 30M REV. 1/68

24. FUNERAL DIRECTOR
Mitchell-Wiedefeld Home,
6,000 York Rd. Baltimore

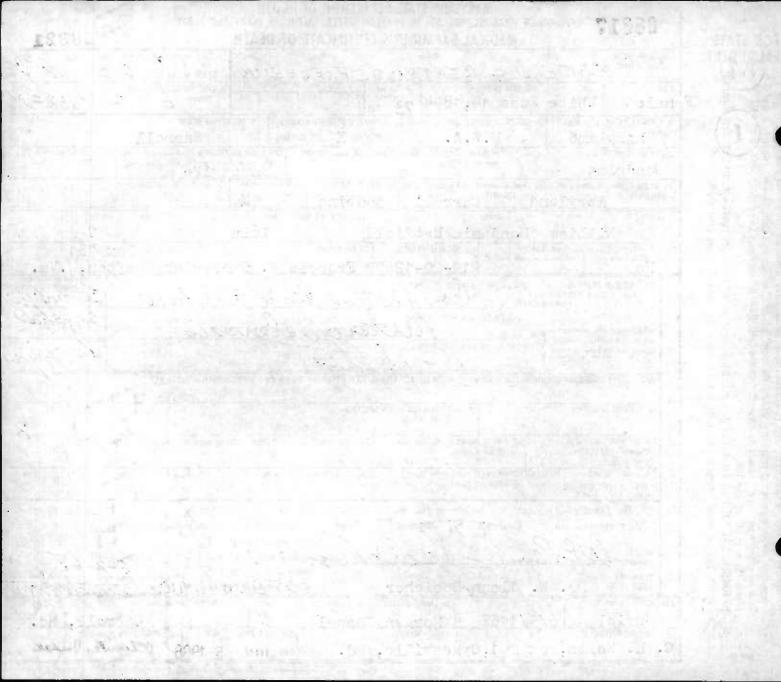
Inc. 21212 2Sa. REC'D BY REGISTRAR DATE JUN 26

Md. 2Sb. REGISTRAR'S SIGNATURE 1988

21870 STREET, HE SHOULD the second of th . . . and the second -1-1-A Section of the Section of the 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 2a. DATE KNOWN Month Yeor (Type or Print) OF ESTI-DEATH MATED 6. AGE (In years IF UNDER 24 HRS 4. RACE 2c. DATE PRONOUNCED DEAD 3. SEX pup last birthday) June 14, 1894 eMale White Day Year 7o. BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Orm Orm in Item 18. Give Pages 1 Maryland U.S.A. WIDOWED X DIVORCED Carroll 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewlie **INDUSTRY** give street oddress) the Woodbine 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER deoth. admission) STATMarylan 13b. COUNTY Carroll Woodbine ond 2 ofter 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Last William Benjamin Hatfield Lula poges hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Box pencil **ADDRESS** within (Yes, no, or unknown) (If yes give wor or dates of service) Francis M. Frederick Grafton, W. Va. 219-20-1257B No File APPROXIMATE INTERVAL .⊆ within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). Medical PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a DUF TO, OR AS A CONSEQUENT Candilians, if any, which gave rise to immediate cause (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ the certificote, pe should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. DICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote Poge factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection. Inquiry and in my apinian death resulted fram: Aceident Suicide Natural causes X. Hamicide Undefermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Glenn Speicher 23a. BURIAL, CREMATION, 0 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial Burial 6/5/1968 Morgan Chanel 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Waltz, Box 241, Sykesville, Md. Ochmela, Judge VR A15ME (5) DATE IIIA

MARYLAND STATE DEPARTMENT OF HEALTH



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08322

1.			First SARAH EVA	Middle JACKSON	Lost	2	o. DATE OF DEATH  June Manth 26 Doy	1968 <sup>ear</sup>	2b. HOUR
3.	SE	x Female	4. RACE Cau.		S. DATE OF B	IRTH 23, 1885	6. AGE (In years last birthday) 83 YRS.		IF UNDER 24 HRS. HOURS MIN.
0	aun	BIRTHPLACE (State ar fareign atry)  Md •	U.S.A.	WIDO		RCED XX	COUNTY OF DEATH Carroll		M
10		ITY OR TOWN OF DEATH Woodbine	11. NAME OF give street g	HOSPITAL OR INSTITUTION ddress) oine Estate	(If not in hospital	during mast	OCCUPATION (Kind af work done af working life, even if retired.)	12b. KIND OF B	USINESS OR
5 a	3a. dmi:	USUAL RESIDENCE (Where design) STATE Md.	eceased lived, if institution: Re	sidence befare 113c CIT	y or town odb <b>i</b> ne	13d. INSIDE CITY LIMITS: YES NO	_	đ	
L		ATHER'S NAME First William WAS DECEASED EVER IN U.S.		Lost  OCIAL SECURITY NO.		alden name First ah Eva	Brock Address		Lost
	Y	es, no, or unknown) (If yes	give war or dates of service)	8 <b>→1</b> 6 <b>→</b> 5593A		ry J. Ho	lden, 8 Middlet		21212
		PART I. DEATH WAS CA	er only one couse per line for ( AUSED BY: MEDIATE CAUSE (o)	(a), (b), ond (c).)	Cerch	al Ca	reulan ace		SET AND DEATH
Canditions, if any, which gove nise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Ch. hyacardulus  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  GENERAL CONSEQUENCE OF  A pure Content of Cont								4	ju
X	CERTIFICATION	4221	19b. CONDITIONS CONTRIBUTING TO			DPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CER	RTIFYING
	¥	21o. ACCIDENT WAS UNDER ☐ OR CONTRIBUTING ☐ CAUSE O (If either, natify medicol ex-	FOEATH HOUR A.M. Man	ith Day Year 19	1.66		oture of injury in Port 1 or Part 2,	Item 18.)	
1		While Nat while of work		BUILDING, ETC.			City or Town	County	Stote
		saw the decease	this haspital) attended ad alive an June 25 dave, (I) (we) (did) (did n	1968_	, and that in (m	1, 19 64 ny) (aur) apinio	, ta June 26, 19 in death accurred an the do	68 , that ite and havr a	(I) (we) la: nd fram th
22b. SIGNATURE Master ATTENDING MEDICAL DIRECTION OF DIRE							CTAEE ]	DATE SIGNED une 26,	1968
1	,	22d. PHYSICIAN'S NAME (Type) M.	N. Mastin, M.	. D.	22e. ADI	Westmin	ster, Maryland		
		REMOVAL (Specify) Burial	23b. date 6 <b>→2</b> 8 <b>→1</b> 968	23c. NAME OF CEMETER Prospect H	ill Ceme	tery	Towson, Md. 21		(Stote)
2 W	24. Vm	FUNERAL DIRECTOR Cook→Breek	s Towson, 1050	O York Road son, Md. 2	1204	2Sa. REC'D BY R	EGISTRAR 25b. REGISTRAR'S		

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after-de TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fordirector, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 30M REV. 1/68

d. Jane C. Jane D. Jan

Tacher Jacher House

-213-15-::: 3, :1r3. ::r J. ol ::., · ii l ::n 5\*. 21212

June 26, 1965

'uricl 6-2-175 ro. set 117 Setern Teven, 12. 2120+

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

118322

			(E	KIIIICA	HE UF D	EAIR			0004	, 0
	ECEASED-NAME	First	Middle		Lost		2o. DATE OF DEATH			2b. HOUR A
(1	Type or print)	CHARLES	HENRY	K	ERWIN		Month	Pay	68	12:15M
3. SE	EX	4. RACE		S	. DATE OF BIRT	H	6. AGE (In years		UNDER 1 YEAR	IF UNGER 24 HRS.
	Male	Whit	e		08/07	/98	last birthday)	YRS. MO	NTHS OAYS	HOURS MIN.
7o. [	BIRTHPLACE (Stote or foreign		COUNTRY? 8	MARRIED	NEVER MARRI	ED 9.	COUNTY OF DEATH			
cour	ntry) New York	U. S. A.		WIDOWED	DIVORC		Carroll			Md.
10. (	Sykesville	11. NAM give stre	et oddress)	TUTION (If not	in hospitol		OCCUPATION (Kind of work d of working life, even if retire t examiner-re	one ed.)	12b. KIND OF	BUSINESS OR Gov't
13o.	USUAL RESIDENCE (Where	lecensed lived if institution	· Peridence hefore 1	3c. CITY OR T	OWN 13	d. INSIDE CITY LIMIT		R	d of	78 GOV 0
odm	ission) STATE Marylane	i 13b. county	romerv	Bethe		YES NO			t Stre	et
	FATHER'S NAME First	Middle	Lost		MOTHER'S MAII	DEN NAME Firs	1 Midd	le		Lost
	TIMOT	Y DANIEL	KERWIN		unkn	own				
	. WAS DECEASED EVER IN U.	S. ARMED FORCES?	6b. SOCIAL SECURITY NO.	. 17. INF	ORMANT		Addre	ss		
Y	(es, no, or unknown) (If ye	s give war ar dates of service)	220-54-689	6	Spring	field	State Hospita	1 Re	cords	
	18. CAUSE OF DEATH (En	ter only one couse per line	for (o), (b), ond (c).)	-					APPROXII	MATE INTERVAL
	PART I. DEATH WAS	CAUSED BY: IMEDIATE CAUSE (o)	terioscler	otic h	neart d	isease			year	
	4129		A CONSEQUENCE OF			4-1-1	W			
	Conditions, if only, which gove) (b) Coronary arteriosclerosis								years	
	rise to immediate couse stating the underlying c	(0),(	A CONSEQUENCE OF							
	lost. 4201	(c) b	ronchopneu						days	3
							NDITION GIVEN IN PART 1(0)			
N							hotic reaction			
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICE	OPERATION WAS PERFO	ORMED	20a. AUTOPS	NO 🔲	20b. IF YES, WERE FINDII CAUSES OF DEATH?	ves cons	SIDERED IN C	ERTIFYING
	210. ACCIDENT WAS UND			21c. HOV	V INJURY OCCU	RRED (Enter n	oture of injury in Port 1 or Po	rt 2, Iter	n 18.)	
MEDICAL	OR CONTRIBUTING CAUSE		Month Doy Yeor							
ME	21d. INJURY OCCURRED While Not while of work	21e. PLACE OF INJURY (		21f. LOC	ATION Street	or R.F.D. No.	City or Town		County	Stote
		f (this haspitol) atten	ded the deceosed	frgm	07/14		5 , ta <u>06/11</u> an death accurred on th	, 19 <u>6</u>	8_, that	(t) (we) last
	saw the deceas	ed olive an UO/ bove, (*) (we) (did) 10	加姆) view the bo	ody ofter de	that in (my eath.	(aur) opini	an death accurred on th			ond from the
	22b. SIGNATURE  H. Rlaalel Wifesker ATTENDING   MED.   STAFF   6/11/68									
	22d. PHYSICIAN'S NAME (Type) Heil	nz M. Klaats	ch, M. D.		22e. ADDRI Spri		d State Hospi	tal,	Syke	s., Md.
230.	. BURIAL, CREMATION,	23b. DATE	23c. NAME OF CE				23d. LOCATION (City or Town)	**.	(County)	(Stote)
	Buriatiy)	6-14-68	Arling	ton l	Natl C	em.	Arlington,	Vi	rgini	.a
24. R	FUNERAL DIRECTOR OBERT A. F	UMPHREY, E	ADDRESS ethesda,	Mary	7 1 070 (1)	DATE JU	REGISTRAR 256 REGIST	PARIS SIG	SNATURE O	nogla

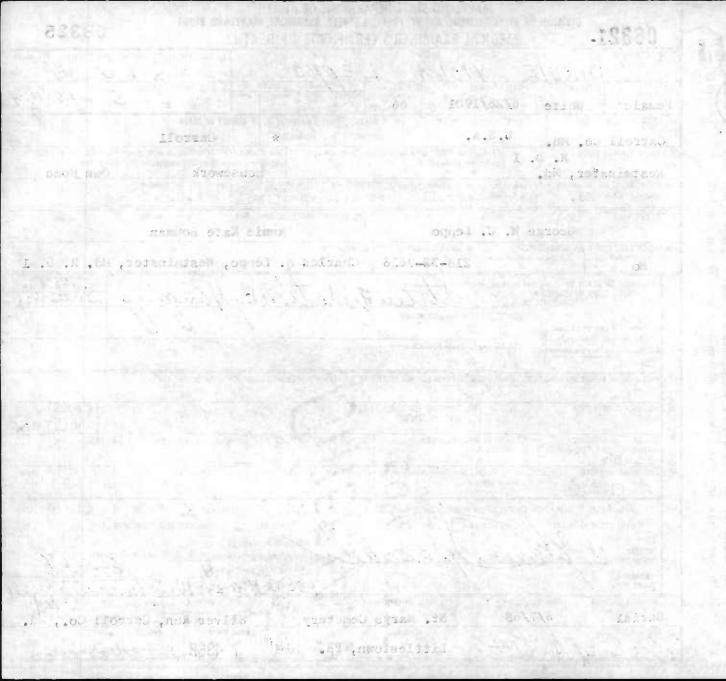
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers: Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 12 than other death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL DECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

	DEC	TACED NAME	Films		Middle		ATE OF D		DATE OF	NEATH			Lat nous #
		EASED-NAME be ar print)	First					20.	DATE OF I	Month	Day	Year	2b. HOUR
	2 557		thony		Thomas		King			6	26	INDER I YEAR	9:15 M
3.	3. SEX			4. RACE			S. DATE OF BIRTH			6. AGE (In years last birthdoy)	MONT		HOURS MIN.
-	- 601	lale		Whit				, 21,18			RS.		
	/a. Bli caunti	RTHPLACE (State or fare y)	,		HAT COUNTRY?	8. MARRIED [	NEVER MARRIE		UNTY OF				
		Poland	la	turali	zed-U.S.A.	WIDOWED			arrol				Md.
10	O. CIT	Y OR TOWN OF DEATH		11. A	IAME OF HOSPITAL OR IN:	STITUTION (If no	ot in hospitol	during most of	UPATION ( working l	Kind of work do	ne 12	2b. KIND OF E	,
23	5yk	esville		Sp	street oddress) ringfield	State :	Hospital	Steel-w	orkei	(Retire	d) (	onstr	iction
2 A 0	30. U	SUAL RESIDENCE (Where ion) STATE	deceased	ived, it institu 13b. COUNTY	tion: Residence before		V	INSIDE CITY LIMITS?		EET AND NUMBER  3 Garris		*******	
1/ =		Maryl				Baltim	ore	-	324,			venue	
7	4. FA	THER'S NAME First		Middle	Lost	15	MOTHER'S MAIDI			Middle ?	3		Lost
			seph		King			Vero					
ı,	Ye	VAS DECEASED EVER IN s, na, ar unknawn) (I	U.S. ARMED fyes give war or	FORCES? dates of service)	16b. SOCIAL SECURITY	NO.   17. 11	FORMANI E	TUA ANHO	1d	Address 20AKmei	S D	J Qu	1,454. 1
=					219-10-42		Mospi.ts	H. Mocer	QS //	ZUANME	ve C		ATE INTERVAL
	1	8. CAUSE OF DEATH (	Enter only o	ne couse per l	ine (o), (b), ond (c)			1	0			BETWEEN ON	SET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Centrouserally accident									wee	(S		
		4107		DUE TO, OR	AS A CONSEQUENCE OF	, ,0		v	7	dere	-		
		anditions, if ony, whic ise to immediate cau		(b)(	defen se	unu	cau	de vac	even	/ acce	Red !	vea	rs
	5	toting the underlying		DUE TO, OR	AS A CONSEQUENCE OF								
-5	1.	ost. 4121	,	(c)									
					UTING TO DEATH BUT N							press	
	NO.	9a. DATE OF OPERATION	TIPH CON	h cere	bral arter	PEOPMED	POSIS WI	th neur	Otic	reactlo YES, WERE FINDING	CS CONSI	derat	ETIEVING
2	CERTIFICATION	7d. DATE OF OPERATION	19b. CON	DITION FOR W	HICH OFERATION WAS FE	KIOKINED	YES T	NO 🖫		OF DEATH?	os consil	DEKED IN CE	(III / IIVO
-	ERT	To. ACCIDENT WAS UN	DERLYING	21b. TIME C	OF INITIDY	21c HC			e of injur	in Port 1 or Part	t 2 Itam	18)	
	¥ [	OR CONTRIBUTING CAU	SE OF DEATH	HOUR A.M.	Month Doy Yeor		W HOOK? OCCUR	KED (EINER HOTOL	e or injury	111 1011 1 01 1011	2, 116111	10.)	
	0 (	If either, notify medico	l exominer)	P.M.				- DED No	City	or Town	Co	ounty	Stote
	W.	214 INTURY OCCUPPED	121a PIA	CE OF INITIDY	AT HOME, FARM, STREET, FA	JURY. N. 1914 IN	CATION Street of					Johny	3,010
	WE	21d. INJURY OCCURRED While Not while	21e. PLA	CE OF INJURY	( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	21f. LO	CATION Street a	r K.F.D. NO.	City				
	a	While Not while twork			The Pro-						19.68	that	(we) last
	a	While Not while twork of work  22a. I certify that saw the december 1	(M) (this hased alive	aspital) at	tended the deceas	ed from2/ 968, and	23 That in (mv)				19 <u>68</u>	, that	(I) (we) last
	a	While Not while twork of work  22a. I certify that saw the december 1	(M) (this hased alive	aspital) at	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. tended the deceas	ed from2/ 968, and	23 That in (mv)			/26, ccurred an the			(1) (we) last and fram the
	9	While Not while twork of work  22a. I certify that saw the december 1	(M) (this hased alive	aspital) at	tended the deceas	ed from2/ 968, and	23 that in (my) eath.	, 19 <u>_68_,</u> (aur) apinian		ccurred an the	19 <u>68</u> e date d 22c. DATE		(1) (we) last and fram the
	1	While Not while of work of wor	(M) (this hased alive	aspital) at	tended the deceas	ed from2/ 968, and	that in (my) eath.  ATTENDING PHYS.	, 19_68, (aur) apinian  MED. DIRECTO	ta_6, death a	/26, ccurred an the	22c. DATE		(1) (we) last and fram the
	1	While Not while of work of wor	(I) (this hased alive above, (I)	aspital) at an	Lended the deceas	ed from2/ 9 <u>68</u> , and bady after o	that in (my) eath.  ATTENDING PHYS.  22e. ADDRES	(aur) apinian  MED. DIRECTO	ta_6, death a	Courred an the	22c. DATE	SIGNED	
/	2	While Not while twork of work  22a. I certify that saw the deced causes stated  22b. SIGNATURE  22d. PHYSICIAN'S  NAME (Type)	(M) (this hased alive above, (M)	aspital) at an	lended the decease 26 [(didnata view the	ed from 2/ 968, and bady after c	that in (my) leath. EE ATTENDING PHYS. 22e. ADDRES Sprir	, 19_68, (aur) apinian  MED. DIRECTO S ngfield	ta_6, death a	STAFF PHYS. The Hospit	22c. DATE 6/2	signed 6/68 Sykesv	ille,Md
/	230.	While Not while of work  22a. I certify that saw the decer causes stated  12b. SIGNATURE  12d. PHYSICIAN'S NAME (Type)  SURIAL, CREMATION,	()) (this hased alive above, ()	aspital) at an // (we) (did	Lended the deceas 26 [(didnata view the	ed from 2/9 00, and bady after o	that in (my) eath.  ATTENDING PHYS.  22e. ADDRES Sprir	, 19_68, (aur) apinian  MED. DIRECTO s agfield	ta_6, death a	Courred an the	22c. DATE 6/2	signed 6/68 Sykesv	ille,Md
7 2	2 23a. (	While Not while twork of work  22a. I certify that saw the deced causes stated  22b. SIGNATURE  22d. PHYSICIAN'S  NAME (Type)	()) (this hased alive above, ()	aspital) at an // (we) (did	lended the decease 26 [(didnata view the	ed from 2/9 000, and bady after a DEGR	that in (MAY) leath.  ATTENDING PHYS.  22e. ADDRES Sprir  CREMATORY Ark Cen	, 19_68, (aur) apinian  MED. DIRECTO s agfield	ta_6, death a  State LOCATION Bell	STAFF PHYS. The Hospit	22c. DATE 6/2 al, S	SIGNED 6/68 Sykesv ounty) aryl	ille,Md



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERT	<b>IFICATE</b>	OF DEATH	

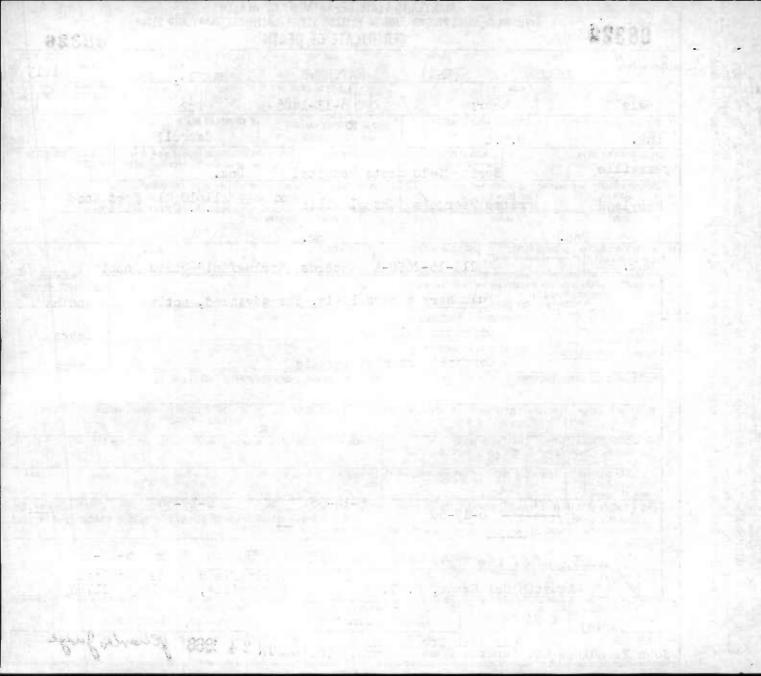
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						000	
First	Middle		Last	2o. DATE O		Vone	2b. HOUR
ANDREW	(NMN)	MA	THEWS	JUNE	19. 1968	Teul	1:15 4
4. RACE		S.	DATE OF BIRTH		6 AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS. HDURS MIN.
Ne	gro		5-13-1886		82 YRS.	MUNINS UATS	nuuks min.
areign 7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED X	NEVER MARRIED				
U.S.	A.			C	arroll		Me
TH 11	NAME OF HOSPITAL OR IN	ISTITUTION (If nat i	n haspitol 12o. US				OF BUSINESS OR
S	pringfield	State Ho	ospital	Unk.	lite, even it retired.)	INDUSTRI	
nere deceosed lived, if insti	tutian: Residence before	13c. CITY OR TO	OWN 13d. INSIDE CITY	LIMITS? 13e. S	REET AND NUMBER	nt Doo	3
Princ	e George's	Chapel	Hills TELL	NO D	O. Oxon Hi	rt road	a
irst Middle	Lost	1S. A	NOTHER'S MAIDEN NAME	First	Middle		Last
			Unk.				
					Address		
	213-16-26	50-A Re	ecords, Spr	ringfiel	d State Ho	spital	
							XIMATE INTERVAL ONSET AND DEATH
WAS CAUSED BY:  IMMEDIATE CAUSE (o)	Pulmonary t	ubercul	osis, far a	dvanced	. active	Mor	aths
DUE TO, O	R AS A CONSEQUENCE OF					1 2	
hich gave) (b)	Diabetes Me	llitus			The Second Second	Yea	ars
ouse (o), (							777
(c)_(	Cerebral a r	terioscl	lerosis			Yea	ars
FICANT CONDITIONS CONTR	BUTING TO DEATH BUT N	NOT RELATED TO T	HE TERMINAL DISEASE O	RCONDITION GIV	EN IN PART 1(a)		
ON 19b. CONDITION FOR	WHICH OPERATION WAS PI	ERFORMED	20o. AUTOPSY?			ONSIDERED IN	CERTIFYING
			YES NO	CAUSE	S OF DEATH?		
			INJURY OCCURRED (En	ter noture of inju	ery in Port 1 or Part 2,	Item 18.)	
dical examiner) P.I	M. 1	19					
ED 21e. PLACE OF INJUR	Y ( AT HOME, FARM, STREET, FA	ACTORY,) 21f. LOCA	TION Street ar R.F.D. I	No. Cit	y or Town	County	Stote
					40		
at (I) (this haspital) o	ittended the deceas	sed fram 0	L4-00 , 19	, ta_0	19-68 , 19	, the	at (I) (we) las
ceased alive an	d) (did pat) view the	19, and t	hat in (my) (aur) a	pinian death	accurred an the da	te and hau	r and tram th
ed abave, (i) twe) (al	d) (did fidi) view file	budy uner de	uiii.		226	DATE SIGNED	
to della	Jampon do	D DEGREE	ATTENDING	MED.	STAFF DE 6	-19-68	
ma car c	10110	DEOREE			11110	spital	-
Agustin de	l Campo. M.	D.					4
							(State)
6-24-68				Pomo	key Maryl	and	(0.0.0)
1 0 -1 00	OILU	Treit cem	LLLL Y	Lome	The same of the sa	Co ca ca	
3015 ines Co. Fun					25b. DE RAPS		dal
h Fill V critical III	ANDREW  4. RACE Ne fareign 7b. CITIZEN OF U.S.  TH  11 gi 13b. COUNT Princ  First Middle  Unk.  IN U.S. ARMED FORCES? (If yes give war or dotes of service)  WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, O  which gave (b) couse (o). UNDERLYING ICAUSE OF DEATH ORD 19b. CONDITION FOR  UNDERLYING ICAUSE OF DEATH HOUR AL dical examiner)  P. RED 21e. PLACE OF INJUR  Cecased alive an eled abave, (I) (we) (di  Agustin de:  23b. DATE	ANDREW  A RACE  Negro  fareign  7b. CITIZEN OF WHAT COUNTRY?  U.S.A.  TH  II. NAME OF HOSPITAL OR IN give street address)  Springfield  here deceosed lived, if institution: Residence before  13b. COUNTY  Prince George's  First  Middle  Lost  Unk.  IN U.S. ARMED FORCES?  (If yes give war or dates of service)  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  COUSE (o).  ON OR AS A CONSEQUENCE OF  ON OR OR AS A CONSEQUENCE OF  COUSE (o).  ON OR OR AS A CONSEQUENCE OF  ON OR OR AS A CONSEQUENCE OF  COUSE (o).  ON OR OR AS A CONSEQUENCE OF  ON OR OR AS A CONSEQUENCE OF  ON OR OR OR  ON OR OR OR OR  ON OR OR OR  ON OR OR  ON OR OR  ON OR OR  ON O	ANDREW  ARACE  Negro  foreign  7b. CITIZEN OF WHAT COUNTRY?  U.S.A.  WIDOWED  TH  11. NAME OF HOSPITAL OR INSTITUTION (If not in give street address)  Springfield  State Here deceosed lived, if institution: Residence before last. CITY OR TO label. COUNTY  Prince George's Chapel  First  Middle  Lost  Unk.  IN U.S. ARMED FORCES?  (If yes give war or dates of service)  DIA 13-16-2650-A  Ref  TH (Enter only one couse per line for (a), (b), and (c).)  WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF couse (a), b)  Diabetes Mellitus  DUE TO, OR AS A CONSEQUENCE OF (c)  Cerebral arteriosc  INFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION WAS PERFORMED  UNDERLYING  LOND 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  UNDERLYING  LOND 21b. TIME OF INJURY  HOUR A.M. Month Doy Yeor laded above, (l) (we) (did) (did nat) view the bady after deceased alive an laded above, (l) (we) (did) (did nat) view the bady after deceased alive an laded above, (l) (we) (did) (did nat) view the bady after deceased alive an laded above, (l) (we) (did) (did nat) view the bady after deceased Agustin del Campo, M. D.	ANDREW (NMN)  4. RACE Negro 6-13-1886  foreign 7b. CITIZEN OF WHAT COUNTRY? U.S.A  TH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol give street oddregs) Springfield State Hospital  13b. COUNTY Prince George's Chapel Hills YES  First  Middle Lost  17b. CITY OR TOWN 13d. NSOBE COUNTY Prince George's Chapel Hills YES  First  Middle Lost  IN U.S. ARMED FORCES? (If yes give war or dates of service)  IN U.S. ARMED FORCES? IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF Couse (a). (b) DIADE tes Mellitus  DUE TO, OR AS A CONSEQUENCE OF (c) Cerebral a rteriosclerosis  INFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE O  ON 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20c. AUTOPSY? YES NO 6  ON 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21c. HOW INJURY OCCURRED (En DUE TO, OR AS A CONSEQUENCE OF (c) Cerebral a rteriosclerosis  ON 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21c. HOW INJURY OCCURRED (En DUE TO, OR AS A CONSEQUENCE OF (c) Cerebral STREET, FACTORY.)  21c. HOW INJURY OCCURRED (En DIADE AM. Month Doy Yeor PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.)  21c. HOW INJURY OCCURRED (En DIADE AM. Month Doy Yeor PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.)  A gustin del Campo, M. D.  22c. ADDRESS Spr Agustin del Campo, M. D.  22d. ADDRESS Spr Agustin del Campo, M. D.	ANDREW  (NMN)  MATTHEWS  JUNE  4. RACE  Negro  6-13-1886  foreign  7b. CITIZEN OF WHAT COUNTRY?  U.S.A.  WIDOWED  DIVORCED  JUNE  North In NAME OF HOSPITAL OR INSTITUTION (if not in hospitol during mass) to CCUPATION give street address)  State Hospital  12c. USUAL OCCUPATION  during mass of UNAK.  Prince George's  Chapal Hills  YES  NO  Chap	ANDREW (NMN)  ANATHEWS  JINE 19 1968  A. RACE  Negro  A. RACE  Negro  S. DATE OF BIRTH  6-13-1886  A. RACE  Negro  S. DATE OF BIRTH  6-13-1886  A. RACE  Negro  S. DATE OF BIRTH  6-13-1886  A. RACE  Negro  S. MARRIED NEVER MARRIED NOVOKED  DIVOKED  JUS. A.  TH  JIN. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)  Sive street oddress)  Sive street oddress  Address  Sive street oddress  Sive street oddr	ANDREW  (NMN)  MATTHEWS  JINE  19, 1968  For instance in the proper interest of the property o

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completely filled in prefit fameral director, page 3 shauld be detoched for use os the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in any event, within 72 hours ofter death. Page 4 may be retained by the hospital or attending physicion.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

VR A15 (4) 30M REV. 1/68



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 moy be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by

FUNERAL DIRECTOR

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) County State and that in (my) (aur) apinian death accurred an the date and haur and from the 22c. DATE SIGNED 6-26-68 22e. ADDRESS Springfield State Hospital Sykesville, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City or Town) (County) 2So. REC'D BY REGISTRANDO

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Yeor

IF UNDER I YEAR

MONTHS

2b. HOUR

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IF UNDER 24 HRS.

HOURS

Last

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BETWEEN ONSET AND DEATH

Hours

12b. KIND OF BUSINESS OR

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# MARYLAND STATE DEPARTMENT OF HEALTH

	08394	DIV	IZION OF	VIIAL RECORDS		ICATE OF		MUKE, MAK	YLAND 2120	) [	0832	Q
1 D	ECEASED-NAME	First		Middle	CENTII	Lost	DLAIII	20. DATE OF	DEATH	-	0000	2b. HOUR
	(vne or print)				W			20. DATE OF	Manth	Doy 20	Yeor	
2 6		Emory	DACE	D.	MO	cley	NTI)		June		1968 UNDER 1 YEAR TI	2 PI
3. SE		4.	RACE			S. DATE OF BII			6. AGE (In years last birthday)			HOURS MIN.
	Male			nite			. 20, 1		80	YRS.		
7a. l	BIRTHPLACE (Stote or fore	ign 7b. C	ITIZEN OF WHA	AT COUNTRY?	8. MARRIE	NEVER MAR	RIED 5	9. COUNTY OF	DEATH			
tuoi	Maryland		USA	1	WIDOWE		CED 🔲		Carrol	1		M
10. 0	CITY OR TOWN OF DEATH			ME OF HOSPITAL OR IN	NOITUTION (I	f nat in hospital			(Kind of work d		12b. KIND OF BU	JSINESS OR
	Jnion Bridg				roadwa				ife, even if retire an i 6, m		INDUSTRY S	588
13a.	USUAL RESIDENCE (Where	deceased live	ed, if institution	an: Residence befare	13c. CITY	OR TOWN	13d. INSIDE CITY LIM		EET AND NUMBE			
duili	ission STATE and	13	Bb. COUNTY Car	roll	Unior	Bridge	YES NO	L 114	E. Br	oadw	ay	
14. 1	FATHER'S NAME First		Middle	Last		15. MOTHER'S MA	IDEN NAME Fir	rst	Midd	le		Lost
	Cor	rneliu	s	Moxley			Flo	rence			Poole	
16a.	WAS DECEASED EVER IN	U.S. ARMED FO		16b. SOCIAL SECURITY	'NO. 17	. INFORMANT	11.149		Addre	SS.		
'	(es, no, or unknown)	i yes give war or aa	res or service)	213-01-5	603	Mrs Ed	lith R.	Moxle	ev. Uni	on E	Bridge.	Md.
	18. CAUSE OF DEATH (	Enter only one	couse per lin								APPROXIMA BETWEEN ONS	TE INTERVAL
	PART I. DEATH WAS	S CAUSED BY:	/	Coroni		1301	1180	1100		E	2	i and the
	4100	IMMEDIATE CA	( )				~ C~			- / -	Ew //h	Chelle.
	Conditions, if any, whice		DUE TO, OK A	S A CONSEQUENCE OF	()1		0	alin	0 0 0 0		1011	451
	rise to immediate cau	se (o), (	(b)	CACCALLE OF A CONCENSION OF A		ascu	ar	Vicia	e me		100	cecu
	stoting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF (c) Curtario selevoses										10 mens	
		,	(c)				202	NIDITION CIVEN	I IN DADT 1/ 1		1,00	uns
7	PART 2. OTHER SIGNIFIC	ANI CONDIIIO	N2 CONTRIBUT	ING TO DEATH BUT I	NOI KELAIED	TO THE TERMINAL	. DISEASE OR CO	JNDITION GIVEN	IN PART I(a)			
TIOI	190. DATE OF OPERATION	19b. CONDI	ITION FOR WHI	CH OPERATION WAS P	ERFORMED	20a. AUTO	PSY?		YES, WERE FINDI	NGS CONS	IDERED IN CER	TIFYING
CERTIFICATION	mione		-			YES 🗌	NO [	CAUSES	OF DEATH?			
CER	21o. ACCIDENT WAS UN	DERLYING	21b. TIME OF	INJURY	- 21c.	HOW INJURY OCC	URRED (Enter	nature of injur	y in Part 1 or Pa	ort 2, Iten	18.)	
MEDICAL	OR CONTRIBUTING CAU		HOUR A.M. P.M.	Manth Doy Yea	r 19			173				
W.	21d. INJURY OCCURRED		OF INJURY (	AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY,) 21f.	LOCATION Stree	t or R.F.D. No.	City	ar Town		County	State
10	While Nat while at work	]		OFFICE BUILDING, ETC.	1			1				
	22a. I certify that	(I) (this ha	spital) otte	nded the deceo	sed from	uni 10	كر19 ,	8', to 10	my 200	, 194	S., that (	1) (we) los
	saw the deced	ased alive	on Ju	me 137	1948/	ind that in (m	y) (our) apin	nion death o	ccurred on th	ie date	ond hour of	nd from the
	couses stated	above, (I)	(we) (did) (	(did not) view the	body afte	r death.						
	22b. SIGNATURE	~	,			ATTENDIN	IG ME	FD $\square$	STAFF -	22c. DAT	E SIGNED	
	charle	2 2.	Bill	lines	lende	GREE PHYS.	DI DI	RECTOR L	PHYS.	6-	21-6	S
	22d. PHYSICIAN'S	,	1 7		,	22e. ADD	RESS	4	4.	1	0	,
	NAME (Type) C 4	arle.	s L.13	11/11793	1ea	W	slm		ler.	ma	ryla	nd
23a.	BURIAL, CREMATION,	23b. DATE			F CEMETERY	OR CREMATORY		23d. LOCATIO	N (City or Town)		County)	(Stote)
	REMOVAL (Specify)	June	23,196	8 Mor		ry Meth			Lagetts			
24.	FUNERAL DIRECTOR			ADDRES			2Sa. REC'D BY	0 1 10	2Sb. REGIST	RAR'S SIG		se.
	Olin L. N	lolesw	orth,	Damascu	is, Mo	1.	DATE IIIN	24 19	6B /C		00	/

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pehould be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hour Page 4 moy be retained by the hospital or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH

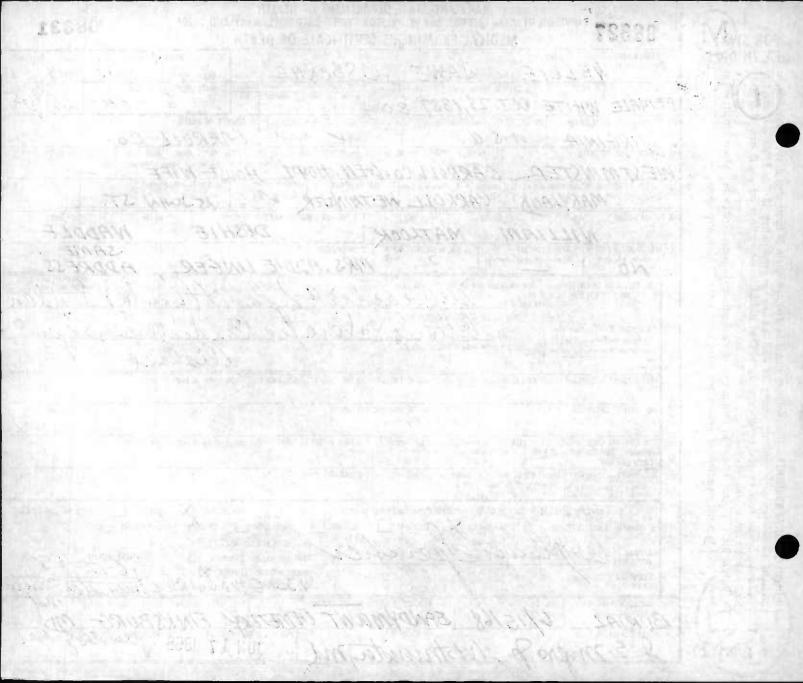
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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08326 08330 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR (Type or print) S S. DATE OF BIRTH AGE (In years Offer 3. SEX 4. RACE IF LINDER 1 YEAR by In Pages last hirthday) Female White Aug. 17, 1882 requires that the death certificate be executed within 24 hours. 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Balto. Co. Md. physician and campletely filled in en please remave carbon papers. oval, and in any event, within 72 ho ARRO TISA WIDOWED F# DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street addr Sewing Fatt Hampstead Gill Ave. 13c. CITY OR TOWN crematian, or removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY Md. YES Carroll Hampstead Gill Ave. 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle First John H. Leister Catherine Green 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar uninown) 216-07-2608 Mullberry St. Balto Miss Louise Leister 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BETWEEN ONSET AND GEATH mu (anditions, if any, which gave) signed by the burial-transit p burial, cremati rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) etached far use as the Dept. af Health priar to has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO P certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY TOR CONTRIBUTING TO CAUSE OF GEATH HOUR A.M. (If either, natify medical examiner) 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Caunty State While Nat while at wark O FUNERAL DIRECTOR: After be retained causes stated abave, (IV (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR ATTENDING PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) M.C.Porterfield, M.D Hampstead Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (Caunty) BurREWOTAL (Specify) July 1, 1968 Leister's Cemetery Westminster. Carroll Co. Md. 24. FUNERAL DIRECTOR **ADDRESS** 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Tipton - Eline Funeral Home Hampstead, Md. 1968 Ochane 30M REV. 1/68

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00331 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First 2a. DATE KNOWN 2b. HOUR Year (Type ar Print) ESTI-DEATH MATED 4. RACE AGE (In years IF LINDER 24 HRS. 3. SEX 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD last birthday) MONTHS DAYS Day / Z Year & OYRS 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S.a 8. Give Poges land 2 with the Stote 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office olong with during most of warking life, even if retired.) death. 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN RYLAN 36. COUNTY CA admission) STATE MA YES NO hours after in Item Last 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First DOSHIE MATLOCK the Chief Medical Examiner's pages hours 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil **ADDRESS** be executed within (Yes, no, or unknown) (If yes give war or dates of service) MRS, ADDIE E within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS Conditions, if any, which gave rise to immediate cause (a). This certificate should writing the ward stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 removol. used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote. pe YES M 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE may be retained for FUNERAL DIRECTOR: 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X ond in my opinion Suicide death resulted from: Notural couses X. Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) 0 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 24. FUNERAL DIRECTOR VR A15ME



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08332 CERTIFICATE OF DEATH **DECEASED-NAME** First Middle Last 2a. DATE OF DEATH a completely filled in by the funeral mave carbon papers. Pages 1 and 2 may event, within 72 hours after death. 2b. HOUR death. (Type ar print) requires that the death certificate be executed within 24 haurs after deat 0W1N95 SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR MONTHS I 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) DIVORCED [ WIDOWED Currell 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat, in baspital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR give street address) LON during mast of warking life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence perary) 13e. STREET AND NUMBER 13d, INSIDE CITY LIMITS? admission) STATE 13b. COUNTY 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Last 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 17. INFORMANT Yes no or unknown) (If yes give war or dates of service) crematian, ar remaval, signed by the attending 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause attending physician burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health prior ta 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 be retained by the haspital or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram 6/3, 1962, ta 6/29, 1962, that (1) (we) last saw the deceased alive on 1962, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave (1) (we) (did) (did nat) view the bady after death. , page 3 shauld be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Should L 23a. BURIAL, (REMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) ADDRESS GIMAIN ST. 250, RECO BY REGISTRAR FUNERAL DIRECTOR

DATEUL -

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# DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	usaza		CERTIFICA	TE OF DEATH		08333	
	CEASED-NAME ype or print)	A S.	R	e ed	2a. DATE OF DEATH Month	Day Yeor 2b. HOU	JR M
3. SE	Lemale	4. RACE	5	DATE OF BIRTH	- 1889 6. AGE (In years last birthday)		HRS. MIN.
7a./B	SIRTHPLACE (State ar fareign fry) Currell	7b. CITIZEN OF WHAT COUNTRY?	WIDOWED		9. COUNTY OF DEATH	Co.	Md.
/	Lauchester	11. NAME OF HOSPITAL ( give street oddress)	ur Niv	I fore gun	AL OCCUPATION (Kind of work dor out of warking life, even if retired the like him		
admi	ssion) STATE angles	sed lived, if institution: Residence be	Westin	ente YES N	00 14 Leh	ents 5+	
	ATHER'S NAME First	Stenl	van.	MATY		Cester	
	was DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	MED FORCES? war or dates of service)  16b. SOCIĀL SECU  2/2-/2		CRMANT /	ENGLE M	Anchestera	ed
	PART 1. DEATH WAS CAUSE  HMMEDI  Canditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	ATE CAUSE (a)  DUE TO, OR AS A CONSEQUENC  (b)  DUE TO, OR AS A CONSEQUENC  (c)	E OF	in Bra	in Syndron	BETWEEN ONSET AND DEATH	
CERTIFICATION	334x	NDITIONS CONTRIBUTING TO DEATH B  CONDITION FOR WHICH OPERATION W		THE TERMINAL DISEASE OR (	20b. IF YES, WERE FINDING	GS CONSIDERED IN CERTIFYING	
RTIFIC				YES NO	•		
MEDICAL CE	21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	iner) HOUR A.M. Month Day	Year 19		r noture of injury in Port 1 ar Part	2, Item 18.)	
	21d. INJURY OCCURRED 21e While Not while at work	. PLACE OF INJURY ( AT HOME, FARM, STRI OFFICE BUILDING, ETC	ET, FACTORY,) 21f. LOC	ATION Street or R.F.D. No	. City or Town	County Stote	Đ
	saw the deceased of	nis haspital) attended the dec alive on (vid)(did nat) view	196x, and	that in (my) (aur) ap ath.	inian death accurred an the	date and haur and fram	last the
	22b. SIGNATURE UT	Fround,	4D DEGREE	PHYS.	MED. STAFF 2	6/24/68	
,	22d. PHYSICIAN'S NAME (Type)	1 H FOARd	MP	22e. ADDRESS  MAN	chester,	Md 2.1162	_
1	BURIAL, CREMATION, 23b. REMOVAL (Specify)	1-11-	e of CEMETERY OR CO	Emetery	23d. LOCATION (City or Town)	(County) (Stote)	1

Westminter

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the executed within 24 hours after death.

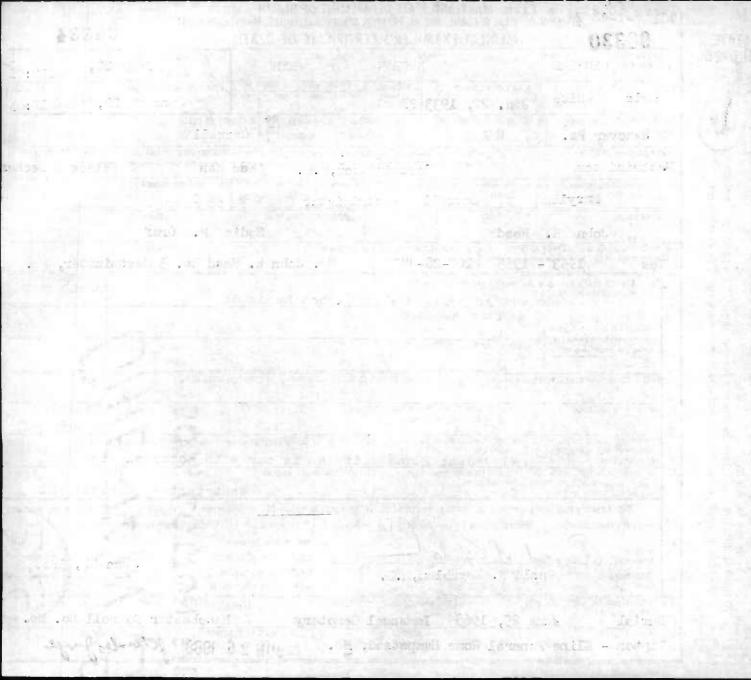
Page 4 may be retained by the haspital ar attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physidan and completely filled director, page 3 should be detached far use as the burial-transit permit. Then please remove carban paped and the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within the

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the funeral

I	#	140	1 7-1-68 DIVISIO	on of VITAL R	ARYLAND STA ECORDS, 301 W.	TE DEPART	MENT OF H	HEALTH MORE, MARYL	AND 21201			
FOR S	TATE		08330		CAL EXAMIN						08334	
HEALTH S 2 S	70		ECEASED-NAME Type or Print) RICHARD	rst	Middle EU	GENE	Last F	REED	20. DATE KNOWN[ OF ESTI- DEATH MATED [	June	Day Year 22, 196	2b. HOUR 8 12 : 05
y delay ond 3 PM3.	rtment	3. 5	Male White	S. DATE OF BI	RTH 22, 1933 3	AGE (In years III ast birthday) MON 5 YRS.	UNDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONOUN  Month Jun		22, Year 1968	2d. HOUR
		7a.	BIRTHPLACE (State or foreign of try) Hanover Pa.	7b. CITIZEN OF WI	HAT COUNTRY?	WIDOWED		CED Ca	nty of Death rroll			Md
hours after death Item 18. Give Pages 1, Office along with form	the Sta		ITY OR TOWN OF DEATH	II. N give	AME OF HOSPITAL OR street oddress) Wes	car Rd tministe	objin hospitol	durin Lead	CUPATION (Kind of	work dane if retired.)	12b. KIND OF BU	SINESS OR Decke
s after 18. Give	lond 2 with 1 ofter deoth.	130	USUAL RESIDENCE (Where dece dmission) STATE Maryla	ased lived, if instit	ution: Residence befo	re 13c. CITY OR T	OWN 13d.	INSIDE CITY LIMITS?	Rd 3	UMBER		176
		14.	ATHER'S NAME First  John E	Middle Reed	e Los	15.	MOTHER'S MAIDE	N NAME First		Middle	Las	ș†
I within 24 n pencil in Examiner's	ile pages 72 hours	16a.	WAS DECEASED EVER IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY 202-28-3		FORMANT Mr. Jo	ohn E. R	ADD	RESS West	minster,	Md.
ed w	it. File hin 72		1B. CAUSE OF DEATH (Enter		line far (a), (b), and (	c).)					APPROXIMAT BETWEEN ONSE	E INTERVAL
executed ending" in Medical E	ansit permit. F event within		PART I. DEATH WAS CAUS	DIATE CAUSE (a) _A	sphyxia d		Carbon	Monoxid	e			
pen pen lef M	nsit p	1	Canditians, if any, which gove	) "	R AS A CONSEQUENCE	OF						
s certificate should be executed e, writing the word "pending" i forwarded to the Chief Medical	burial-transit I in any even		rise ta immediote couse (a), stating the underlying cause last.		R AS A CONSEQUENCE	OF	16.0			-	,	
certificate should writing the word rwarded to the Ch	os a bu		PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUT	TING TO DEATH BUT N	OT RELATED TO TH	IE TERMINAL DISI	EASE OR CONDITIO	N GIVEN IN PART 1(	0)		
e, writi forwar	be used as a b removal, and	CERTIFICATION	19a. DATE OF OPERATION		19b. CONDITION FOR WAS PERFORME		ON		N 63		20. AUTOPS	
INER: This e certificate, should be fo	1 Pl	AL CERT	21g. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING		INJURY Month, Day, Y				re af injury in Part		tem 1B.)	
NER cer	files. 3 should rotion, or	MEDICAL	CAUSE OF DEATH	?? P	.M.June 2219 (At hame, farm, street		cation Street or		rith moto	r run	ning	Stote
₹ 4				foctory, office buildin		,	311011 311001 01		stminste	r Ca		Md
- e e	DIRECTOR: Page r to burial, cren		22a. I certify that I	taak charge af				sy 🖹 Ins	pectian,	Inquiry [	, and in n	ny apinian
lease exe	IRECT IRECT to bu		death resulted fram:	Natural cau	ses , Accide	ent 🔀, Sui		Hamicide 🔲,	Undetermine	d manner		
pleo	. 0	1	ACTUAL SIGNATURE	ed UI	Carlela			MEDICAL EXAMINE		22b. <b>DATE</b>	SIGNED	
TO DEPUTY SICA necessary, please extremely the funeral director.	5 moy be r TO FUNERAL Health pric			Pnald N.	Kornblum,	$M \cdot D^{\flat}$	DEPUT	TY MEDICAL EXAMI ESS(Street, city, to	NER	Jun	signed 23, 19	€68
TO D nece the	2 <b>5</b> E	230	DEMOVAL (Speciful)	b. DATE une 25,		F CEMETERY OR C	REMATORY	23d.	LOCATION (City or 1	,		State) Md.
1/8	A15ME (6)	24.	FUNERAL DIRECTOR Lipton - Eline		ADD	RESS -	- 2	2Sa. REC'D BY REG	GISTRAR 2Sb.	REGISTRAR'S	SIGNATURE	
10A	A REV 1/08		Though - PTITE	T. OTHER OF	TOME Hamp	Docade 1	7	DATELLIN 2	ן ססטו נ	Lucy	Lank Day	- 1



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		00000				DEATH			
			irst	Middle	Lost		DATE OF DEATH Month	Day V	2b. HOUR
	1	HAbe or burn)	ELYN	L.	ROBINSON		Month	Doy 0 Yeor 8	37
	3. SI		4. RACE	* **	S. DATE OF		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
		Female		Whit e	July	7, 1909	9 Jest birthday) y	rRS.	THE STATE OF THE S
	70.	BIRTHPLACE (Stote or foreign		OF WHAT COUNTRY?	8. MARRIED X NEVER MA	RRIED 9. CC	OUNTY OF DEATH		
		Marytand	U.	S.A.		ORCED	Carroll,		- 1
		CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN give street oddress)			CUPATION (Kind of work do working life, even if retire		BUSINESS OR
U		Westminster			Route 5	House	ewlie		
6	13o. odm	USUAL RESIDENCE (Where decission) STATE	eosed lived, if	institution: Residence before		13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
,		ission) STATMaryla			Westminste		Route		
	14.	FATHER'S NAME First  Lewi		ddle Lost		MAIDEN NAME First	Middle		Lost
	11			Maugan		Mary	E.	Crome	r
	100	. WAS DECEASED EVER IN U.S. (espino or unknown) (If yes o	ive war or dates of se			N Dobia	Addres		
	-				8924 Harry	M. WODTI	ISON Dame	As #13	IATÉ INTERVAL
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	only one cause					BETWEEN OF	ISET AND DEATH
		IMM	EDIATE CAUSE (c	CARCI.	NOMATO:	515		10	mo.
		1579		D, OR AS A CONSEQUENCE OF				11	
		Conditions, if only, which go rise to immediate couse (	1/1	·/	OMA OF	THE	PANCREAS	"	
		stoting the underlying cou		O, OR AS A CONSEQUENCE OF					
		last.		c)					
		PART Z. UTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH BUT N	IOI KELATED TO THE TERMIN	AL DISEASE OK CONDI	HUN GIVEN IN PAKT 1(0)		
	NOI	190. DATE OF OPERATION	OF CONDITION I	OR WHICH OPERATION WAS PI	ERFORMED 200. AUT	OPSV2	20b. IF YES, WERE FINDING	CS CONSIDERED IN CE	DTIEVING
X	CERTIFICATION	170. DAIL OF OF ERAHON	7b. CONDITION I	OK WINCH OF EXAMON WAS FI	YES [		CAUSES OF DEATH?	O3 CONSIDERED IN CE	KIII IIIIO
^`	CERTI	210. ACCIDENT WAS UNDER	YING 21h	TIME OF INJURY			ure of injury in Port 1 or Por	t 2 Item (8)	
	3	OR CONTRIBUTING CAUSE OF	OEATH HOU	R A.M. Month Doy Year		(		. 2,	
	MEDICAL	(If either, notify medical ex-		ITTRY / AT HOME, FARM, STREET, FA	GTORY, 1 21f LOCATION Stro	eet or RED No.	City or Town	County	Stote
		Mibile - Netuchile -		OFFICE BUILDING, ETC.	)		,		
		et work of work							
		While Not while of work of work (1)	(this haspita	l) attended the deceas	ed fram	8/41967	ta	19 68 , that	(I) (we) l
		22a. I certify that (I) saw the deceased	alive an_	6/10	19 <u>68</u> , and that in (r	8/4/1967 ny) (aur) apinian	, ta	19 <u>68</u> , that e date and haur o	(I) (we) lo
		22a. I certify that (1) saw the deceased causes stated ab	alive an_	(did) (did nat) view the	19 <u>68</u> , and that in (r	8/4/1967 ny) (aur) apinian	death accurred an the	e date and haur o	(I) (we) lo
		22a. I certify that (I) saw the decease causes stated ab 22b. SIGNATURE	alive an_	(did) (did nat) view the	19 <u>6</u> 8, and that in (r bady after death.	ny) (aur) apinian	death accurred an the	e date and haur o	(I) (we) lo
		22a. I certify that (I) saw the deceased causes stated ab	alive an_ave, (I) (we)	(did) (did nat) view the	1968, and that in (r bady after death.  ATTEND PHYS.	ny) (aur) apinian	odeath accurred an the	e date and haur of	and from the
1		22a. I certify that (I) saw the deceased causes stated ab	alive an_ave, (I) (we)	(did) (did nat) view the	1968, and that in (r bady after death.  ATTEND PHYS.	ny) (aur) apinian	odeath accurred an the	e date and haur of	and from t
1	00	22a. I certify that (I) saw the deceased causes stated ab  22b. SIGNATURE  22c. PHYSICIAN'S NAME (Type) Dr.	I alive an_ave, (I) (we)	(did) (did not) view the	19 & X., and that in (r. bady after death.  DECRETE PHYS.  22e AD  22e AD	ny) (aur) apinian  ING MED.  DIRECT  DRESS  Anchor	odeath accurred an the OR STAFF PHYS. St., Westmi	e date and haur of 22c. DATE SIGNED / 6/10/6. Inster, 1	and from the
/	230.	22a. I certify that (I) saw the deceased causes stated ab 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) Dr. BURIAL, CREMATION, 22	dalive an_ave, (I) (we)	(did) (did not) view the	1968, and that in (rebady after death.  Discrete ATTEND PHYS.  22e, AD  CEMETERY OR CREMATORY	ny) (aur) apinian ING MED. DIRECT DRESS Anchor	or STAFF PHYS.  St., Westmi	e date and haur of 22c. DATE SIGNED / 6/10/6 of 10/6 o	Md • (Stote)
)	24	22a. I certify that (I) saw the deceased causes stated ab 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) Dr. BURIAL, CREMATION, 22	dalive an_ave, (I) (we)  Vince	ent J. Fioc	19 & X., and that in (r. bady after death.  DECORPT PHYS.  220, AD  CEMETERY OR CREMATORY  TIEW Mem. G	ny) (aur) apinian ING MED. DIRECT DRESS Anchor	or STAFF PHYS.  St., Westmi	e date and haur of 22c. DATE SIGNED / 6/10/6. Inster, 1	Md • (Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon perms. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours ofter death O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or attending physicion.

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		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201	
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		eml3e,FilmG402, 722/68km CERTIFICATE OF DEATH	08336
eoth.		ECEASED-NAME First Middle Lost 20. DATE OF DEATH Type or print) Month Dov	2b. HOUR
deoth nerol ond eath		Wilbert J ShattER Sure 22	1968 11:20 PM
i i	3. SE	A A I lost hirthday	MONTHS OAYS HOURS MIN.
to State	1	11/4/e Chile Sept 2. 1802 6/ YRS.	6 32 11 30
24 hours after deoth ded in the pherological pers Pers 1 and 72 hours after leath	7o. E	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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filled pape ithin 7.	10. 0	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hespital 20. USUAL OCCUPATION (Kind of work done give street oddress) 128 N MAIN See during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
of Teles	122	14 Wen este Me 20 NA OLEGE WATER Home - Clain the	General
leoth certificate be executed within 24 ending physicion and completely filled in mit. Then please remove carbon paper or removal, and in any event, within 72	odmi	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before ission) STATE May last 13b. COUNTY 13b. COUNTY 13b. COUNTY 15b. CO	erified)OK
d compony	14. F	FATHER'S NAME First Middle / Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
be ex ond e rem		HARVEY S. Shatter Mary	Bortner
ote icion leas ond		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT, Address	/
OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be exelected by the hospital or ottending physicion.  JIRECTOR: After this certificate has been signed by the ottending physicion and can should be detached for use as the burial-transit permit. Then please removed with the State Dept. of Health prior to burial, cremation, or removal, and in any		(es, no, or unknown) (If yes give war or dates of service) 218-32-3151 VIOLA Shaffer HAMPSI	FAD Md
ne deoth cer ottending p permit. The ion, or remo		18. CAUSE OF DEATH (Enter only one cause per line for (o) (b), ong (c).)	APPROXIMATE INTERVAL BETWEEN DNSET AND DEATH
oftendi oftendi permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PROPERTY I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	30 Cm
off off ion,		DUE TO, OR AS A CONSEQUENCE OF	
that the dion. by the ott transit pen		Conditions, if ony, which gove rise to immediate couse (o), (b) Cultivactivate Carry Caster Reserved	
quires that the physicion. Signed by the burial-transit ourial, cremo		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
equires physicic signed burial-t burial, c		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
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low re nding been s the ior to	TION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
The low randing e has been use os the olth prior to	CERTIFICATION	YES NO W CAUSES OF DEATH?	
or or or use		210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It	em 18.)
YSICIAN: lospital or certificate thed for u	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner)  P.M. 19	
by the hospital or ottending by the hospital or ottending (fer this certificate has been be detached for use os the State Dept. of Health prior to	WE	21d INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town	County State
the this det		of work of work	
Affer be Stat		22a   certify that (I) (this haspital) attended the deceased from May 20, 1968, to 1968, to 1968, ond that in (my) (our) opinion deoth occurred on the dot	b, that (I) (we) last
R: /		causes stated above, (I) (we) (did) (did not) view the bady ofter death.	e ond nour and from the
Short		226 SIGNATURE 22c. D	ATE SIGNED
OR be be 3 de 3 de 4 de 4 de 4 de 4 de 4 de 4 d		DEGREE PHYS. MED. STAFF PHYS. DIRECTOR DIPECTOR PHYS.	medd 1968
noy poor poor file	1	NAME (Type) 120 TE BUST NUMBER (Type) 220. ADDRESS	11 -1
OSP NEF ctor,	4	Justine Jan 1. D JAMAS I AND J.	<i>" " " " " " " " " "</i>
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 moy be retoined by the hospital or ottending physicion. O FUNERAL DIRECTOR: After this certificote has been signed by director, poge 3 should be detached for use os the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept.			(County) (Stote)
18		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	
30M REV. 1/68		Tipton - Eline Funeral Home Hampstead, Md. JUN 26 1968 gclante	Judge.

And the second designation of the second sec

and 2 after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

Page 4 may be retained by the haspital ar attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH

	08333	DIVISION OF			STON STREET, BALTI	IMORE, MAI	RYLAND 21201	2000	ייץ		
	DECEASED-NAME (Type ar print)		Middle Elizabeth	lhr	, lost	2a. DATE OF	DEATH Month De	yeor 8	2b.	HOUR 30 M	
3. 9	Female	4. RACE	iite	S	DATE OF BIRTH	896	6. AGE (In years last birthday) 7 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	24 HRS. MIN.	
70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF W		MARRIED WIDOWED	MEACK WAKKIED	9. COUNTY OF	DEATH			Md.	
10.	CITY OR TOWN OF DEATH	A give	IAME OF HOSPITAL OR INSTI	ST L		ost of warking	(Kind of work done life, even if retired.)	12b. KIND O INDUSTRY	F BUSINESS	S OR	
	. USUAL RESIDENCE (Where decedingsion) STATE	osed lived, if institu 13b. COUNTY	rtion: Residence before 1	3c. CITY OR TO			REET AND NUMBUR FLOHI B	×3941	9		
L	FATHER'S NAME First	Middle	Coulso	~	MOTHER'S MAIDEN NAME F	irst	Middle	Heig	es) Lost		
160	yes, no or unknown) (If yes give	RMED FORCES? a wor or dates of service)	264-07-7		ORMANT Shr	ine, 1	Address	od, n	nd.		
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (a)	ine far (a), (b), and (c).)  Cereture  AS A CONSEQUENCE OF	arn.	lar oca	exclant	4	BETWEEN 3	ONSET AND	DEATH	
	Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause lost.  (b) Cercelural Circlerosciences (yet)  DUE TO, OR AS A CONSEQUENCE OF  (c)										
2	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIB	uting to death but not	RELATED TO 1	HE TERMINAL DISEASE OR C	CONDITION GIVE	N IN PART 1(o)				
CERTIFICATION	19a. DATE OF OPERATION 198	o. CONDITION FOR WI	HICH OPERATION WAS PERF	ORMED	20a. AUTOPSY? YES NO NO	CALICES	YES, WERE FINDINGS S OF DEATH?	CONSIDERED IN	CERTIFYIN	G	
MEDICAL CER	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. niner) P.M.	Month Day Yeor		/ INJURY OCCURRED (Enter	r nature of inju	ry in Part 1 or Port 2	, Item 18.)			
W	While Nat while at wark		( AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.		ATION Street ar R.F.D. Na.		ar Tawn	County		Stote	
	220. I certify that (I) (t sow the deceased couses stated above	olive on.	tended the deceosed 19 (did not) view the bo	ak ond	that in/my/ (our) opi	inion death	occurred on the d	of the lote and hou	r and fro	re) lost om the	
	22b. SIGNATURE	hour	LMD	DEGREE	PHYS.	MED.	STAFF PHYS.   22c	DATE SIGNED	68		
	22d. PHYSICIAN'S NAME (Type)	·HFO	Ard. N	(.0	22e. ADDRESS	vche	ester	, Md	2//		
		128/68	EVER		N Cemeter				(State	,	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papershauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 VR A15 (4) 30M REV. 1/68

Hampstead, Mary land

DATE JUN 28 1968

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08338

					LKIIIICA	ALL OF DEATH				
	CEASED-NAME	First		Middle		Last	2o. DATE OF			2b. HOUR
(1	ype or print) Eth	91	Mai	ıde	Smel	tzer	Jun	e 5, 1968 ay	Yeor	1:25 %
3. SE	X	4.	RACE		S	. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
	Female		Whi	ite		8-8-03		last birthday) YRS.	MONINS DATS	MIN.
7a. E	SIRTHPLACE (Stote or fo	reign 7b. (	ITIZEN OF WH	IAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
COUNT	Pennsylv	ania	U.S.A.		WIDOWED		Carr			Md.
S.	ykesville	1	give s	AME OF HOSPITAL OR INS street address) oringfield	State	Hospital	most of working Cashie:	(Kind of work done life, even if retired), r (Housewif	e Stor	BUSINESS OR
13a. admi	usual residence (Whosion) STATE Mar	yland 13	ed, if instituti Bb. COUNTY	ion: Residence before Iontgomery	13c CITY OR T Silver	Springs &	NO B 820	Schrider	Street	
14. F	ATHER'S NAME Fir	st harles	Middle C.	Lost White			trude		Crawfor	Last d
	es, na, or unknawn)	U.S. ARMED FO		16b. SOCIAL SECURITY N 188-20-546		ospital Rec	. Smelt; cords	Silver S		Md.
		ich gave luse (a), g couse	(b) OUE TO, OR A		OT RELATED TO	THE TERMINAL DISEASE OI	RCONDITION GIVE	Foun	Yea	in bed.
CERTIFICATION	Schizophrenic reaction, simple 190. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFO					20a. AUTOPSY? YES NO	CALISES	YES, WERE FINDINGS OF DEATH?	ONSIDERED IN (	ERTIFYING
MEDICAL CER	21o. ACCIDENT WAS U ☐ OR CONTRIBUTING ☐ C (If either, notify media	AUSE OF DEATH (ol examiner)	21b. TIME OF HOUR A.M. P.M.	Manth Day Year		V INJURY OCCURRED (En		ry in Port 1 or Part 2,	Item 18.)	
-	21d. INJURY OCCURRE While Not while at work of work			OFFICE BUILDING, ETC.	/	ATION Street or R.F.D. N		ar Town	County	Stote
	22a. I certify the saw the dec causes state	t (I) (this ho eased alive dobave, (I)	an(we) (did)	ended the decease 6-5-1' (did nat) view the	d_from 9 <u>68</u> , and pady after de	5-30 , 19. that in (my) (our) a eath.	68_, ta_ pinian death c	ccurred an the do	68, that ite and haur	(I) (we) last and fram the
	22b. SIGNATURE	null	Min	M'U.	DEGREE	141131	MED. DIRECTOR	CTACC	DATE SIGNED 6-5-68	
,	22d. PHYSICIAN'S NAME (Type)	Ernest	Beiser	, M. D.		22e. ADDRESS Springfie		e Hospital		
1	BURIAL, CREMATION, REMOVAL (Specify)		8. 196	23c. NAME OF C	EMETERY OR C	tery	Wind		ylvania	
1.0	FUNERAL DIRECTOR	Jw Lee		8434 Geo	rgia Au		BY REGISTRAR	1968 REGISTRAR'S	SIGNATURE	udge

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and camplefely filledirectar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbonery shauld be filed with the State Dept. af Health prior ta burial, crematian, ar removal, and in any event withing Page 4 may be retained by the hospital or attending physician

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Smith

S. DATE OF BIRTH

08339

IF UNDER 1 YEAR

DAYS

Month 11 Day

6. AGE (in years

Tune

2b. HOUR

HOURS

08335 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH

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	-	- 1

(Type ar print)

3. SEX

Winifred

4. RACE

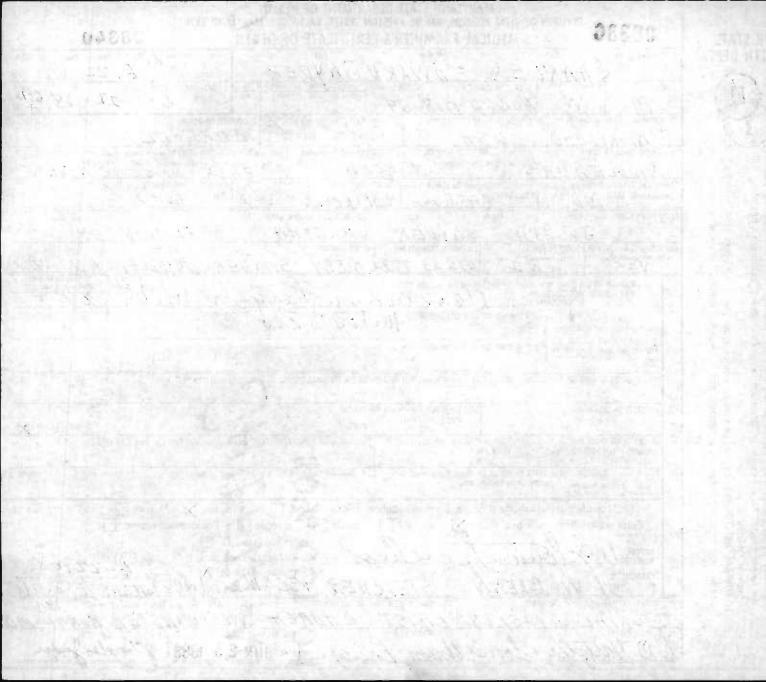
24 hours after deoth.

ending physicion and completely filled in by the funeral mit. Then please remove corbon popers. Pages 1 and or removal, and in any eve<del>nt, vo</del>tthin 72 hours ofter deat ottending physicion und constraint. Then pleose remov burial-transit permit. cremotion, O FUNERAL DIRECTOR: After this certificate has been signed by burial Poge 4 may be retained by the hospital or ottending director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

last bigthday) April 11, 1877 Female White 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED X Cau Balto. arroll USA DIVORCED [ WIDOWED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH Whataview Nursing Home Sukesville 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Balto. 13b. COUNTBalto 4002 St. Paul Street YES 🔽 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Last Smith Winifred John gan Mrs. James H. Ferguson Jr. Balto. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yeshno, ar unknawn) (If yes give war ar dates of service) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a) 76), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ew mu Canditians, if any, which gave nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO . YES | 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION State Street or R.F.D. No. City or Town Caunty While Nat while at wark (auses stated abaye, (I) (we) (std) (didysot) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS PAYSICIAN'S AME (Type 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Pikesville, Md. (County) (State) 23a. BURIAL, CREMATION DATE BEMOYAL (Specify) Druid Ridge (emetery une 14 2Sa. REC'D BY REGISTRAR 1968 24. FUNERAL DIRECTOR ADDRESS **VR A15** Eline & Sons Reisterstown, Md. 30M REV.

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R. C. C.					W 70
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		amai.		DUN SIMILARINA	A Same
Special video	3.4				
(400)			4.1	ML I	relain.
. William VI.		A STATE OF			
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			4.	,	



21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No.

While Nat while at wark , 19 68, to 6-16 4-15 22a. I certify that 💢 (this hospital) attended the deceased from... 6-16 19 68, and that in (Dec) (aur) opinion deoth occurred on the date and hour and from the saw the deceased alive on\_ couses stated above, (we) (did) (did) view the body after death.

22d. PHYSICIAN'S ELOCEITO

DEGREE SAGISI M.D.

ATTENDING 22e. ADDRESS

PHYS

DIRECTOR

22c. DATE SIGNED 6-15-68

NAME (Type) 23a. BURIAL, CREMATION, REMOVAL Sectify)

22b. SIGNATURE

23b. DATE 6/20/68 23c. NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park. 23d. LOCATION (City or Town) Cumberland.

1968

(State) Md. Allegany

SYKESUILLEM

24. FUNERAL DIRECTOR

2Sa. REC'D BY REGISTRAR

SPRINGFIELD STATE

2Sb. REGISTRAR'S SIGNATURE

HOSP.

30M REV. 1 48

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requires that the death certificate be executed within 24 hours after death

funeral

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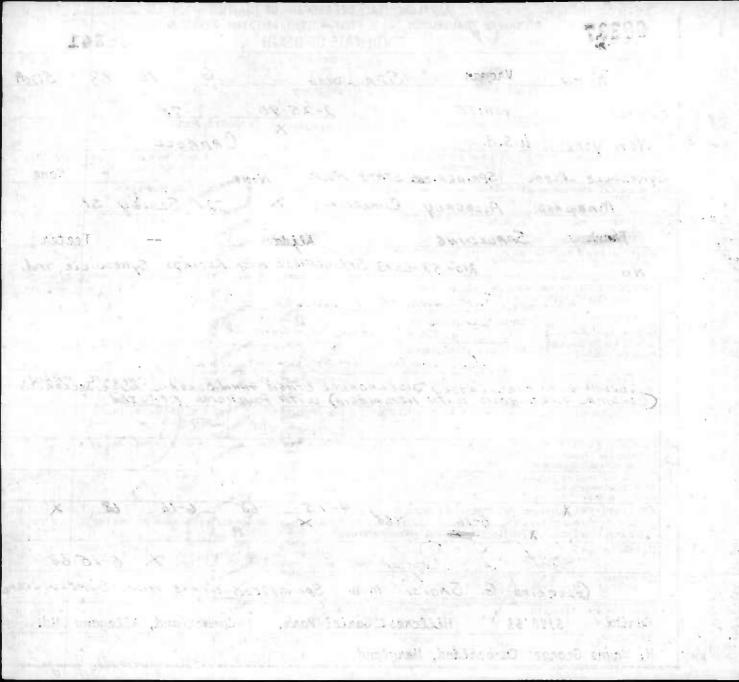
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TO FUNERAL DIRECTOR: After this certificate

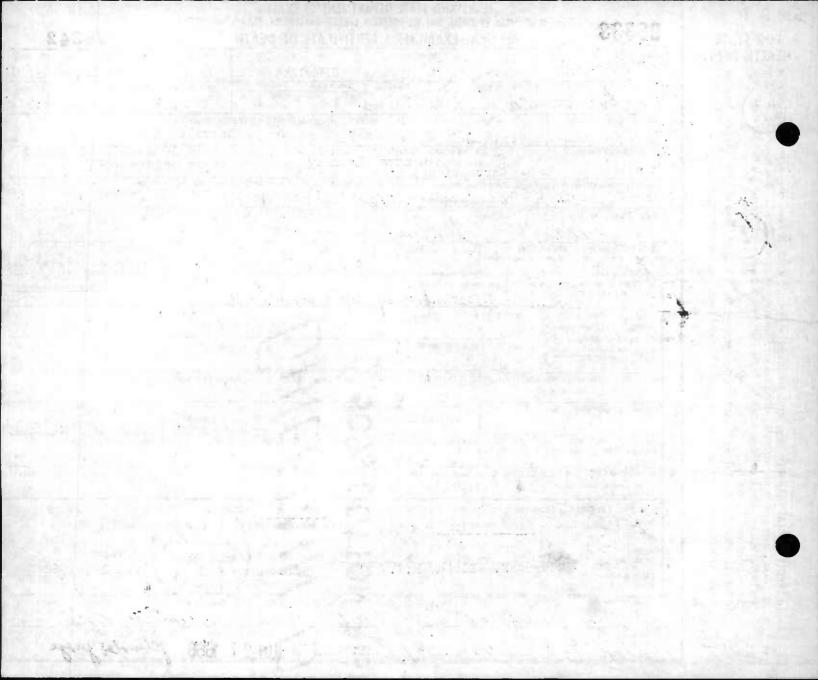
be retained

H. Wayne George Cumberland, Maryland

(Caunty)



21		NOISINI	MARYLAND STATE I OF VITAL RECORDS, 301 W. PRE	DEPARTMENT OF HEALTH	APVIAND 21201	
FOR STATE		08338		S CERTIFICATE OF DEA		38342
HEALTH DEPT.		ECEASED-NAME First	Middle	Last	2a. DATE KNOWN Manth	Day Yeor 2b. HOUR
y is age age		Type or Print) GEORGE		SPENCER		e 23,19684:20 <sup>A</sup>
rt ment	3. S	Iale A. RACE Negro	S. DATE OF BIRTH 6. AGE (In lost burth 33)	years IF UNDER 1 YEAR IF UNDER 24 Iday) MONTHS DAYS HOURS YRS.	MIN 2c. DATE PRONOUNCED DEAD Month June Day 23	, Year 168 4:20 M
S. F. G.		BIRTHPLACE (State or foreign 7th 1998)	U.S.A.	WIDOWED DIVORCED	9. COUNTY OF DEATH Carroll	Md
after death my dolay 8. Give Pages 1, 2 and 3 alang with farm 25. Pages with the State Department leath.		ITY OR TOWN OF DEATH kesville	11. NAME OF HOSPITAL OR INSTI give street address) Centr Correctional Ca	TUTION (If not in haspitol al Laundry during r	UAL OCCUPATION (Kind of wark done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
s after 18. Give alang with the death.	13o.	USUAL RESIDENCE (Where deceosed dmission) STATE Maryland	d lived, if institution: Residence before 13	c. CITY OR TOWN 13d. INSIDE CITY LIA ykesville YES \( \square\) NO	TOOL DIRECT THIS HOMBER	V
24 hours 15 Office 25 Toke 2 15 affer d	14. [	ATHER'S NAME First	Middle Last Last	15. MOTHER'S MAIDEN NAME	First Middle Middle	Last
in Fig.		WAS DECEASED EVER IN U.S. ARMED FO es, no, or unknown) (If yes give we	RCES? To dates of service) To dates of service)	17. INFORMANT Deschies	Spaneer 3410	Calloway An
led wall find the fill fill fill 7			one couse per line far (a), (b), and (c).)	10		APPROXIMATE INTERVAL BETWEEN DNSET AND DEATH
be executed "pending" in iief Medical E insit permit. F		IMMEDIAT	E CAUSE (a) Afteriosterot	ic Cardiovascular	Disease	
ef Ment	1	Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF			
e shauld be executed wit the ward "pending" in pe to the Chief Medical Exar b burial-transit permit. File id in any event within 72		rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
certificate shauld writing the ward orwarded to the Ch used as a burial-tro moval, and in any		PART 2. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICE WAS PERFORMED?	CH OPERATION		20. AUTOPSY?  YES ₩ NO □
VER: This certificate, rould be fare. I have be to should be to should be ution, ar ren	MEDICAL CERT	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY Manth, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 ar Port 2, Ite	
	MED	21d. INJURY OCCURRED 21e. PL	ACE OF INJURY (At hame, farm, street, ary, affice building, etc.)	21f. LOCATION Street ar R.F.D. Na.	City ar Tawn	Caunty State
JICAL EXA please execute director. Page retained for yas DIRECTOR: Pag or to burial, cre			ak charge af the remains described	abave, held an Autopsyk,	Inspection , Inquiry	, and in my opinian
please ex director.  DIRECTO		death resulted from:	Natural couses 🔀 Accident [	, Suicide , Homicide	, Undetermined manner	
Ty, please y, please eretain (AL DIRE		ACTUAL S	+Ms.	CHIEF MEDICAL E		SIGNED
ary, neral be be pri	2	SIGNATURE Edw.	ard F. Wilson, M.D.		THE EXPLINITIVE COMME	23, 1968
o DEPUTY  DICAL EXAM  necessary, please execute th  the funeral director. Page 4  5 may be retained for your  O FUNERAL DIRECTOR: Page  Health prior to burial, crem		NAME (Type)		ADDRESS(Street,	city, town, or county)	
5 = 2 5	230	BURIAL, CREMATION, REMOVAL (Specify)	NEW 27/68 23c. NAME OF CEN	METERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
VR A15ME (ST	24.	FUNERAL DIRECTOR	ADDRESS IN COM	12 1.	27 1668 25b. REGISTRAR'S S	
10M REV. 1/88	1/	114/000 106	Wereson 1127 11.	CaestinoST DATUN	27 1868 School	7



Page 4 may be retained by the hospital or attending physician.

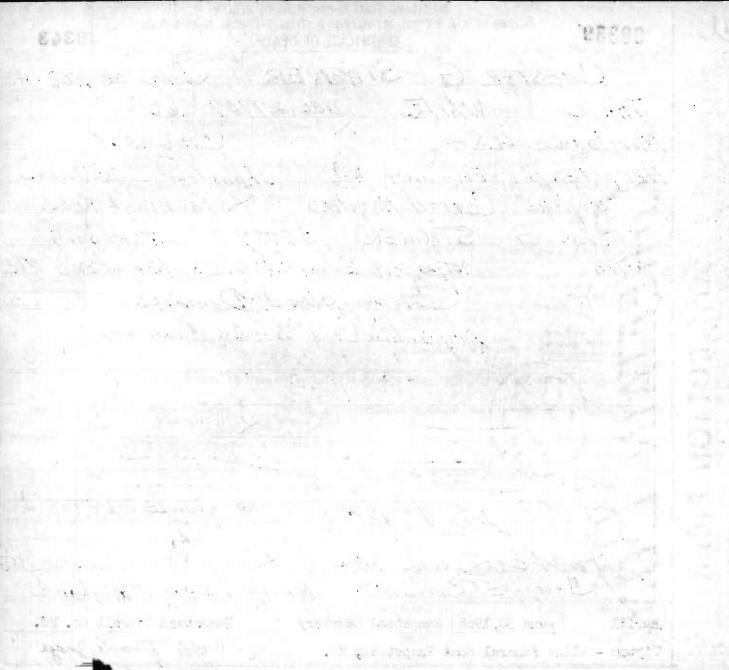
To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove serbon papers. Pages 1 and 2 and 2 should be detached for use as the burial transit permit. Then please remove serbon papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital or attending physician.

30M REV. 68

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

P	CERTIFICATE OF DEATH 08343
	ECEASED-NAME First Middle Last 20. DATE OF DEATH 20. HOUR Year print) 4 5 5 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6
3. SE	Male While DEC. 21907 last oithday) YRS. MONTHS DAYS HOURS MIN.
7a. I	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY-OF DEATH WIDOWED DIVORCED PROBLEM Md.
16. 0	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.)  12. ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.)  12. INDUSTRY  13. INDUSTRY  14. INDUSTRY  15. INDUSTRY  16. INDUSTRY  17. INDUSTRY
	USUAL REDDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY CHATTS? 13d. STREET AND NUMBER 13b. COUNTY 13d. COUNTY 13d. INSIGE CITY CHATTS? 13d. STREET AND NUMBER 13d. COUNTY 13d. COUNTY 13d. INSIGE CITY CHATTS? 13d. STREET AND NUMBER 13d. COUNTY 13d. INSIGE CITY CHATTS? 13d. STREET AND NUMBER 13d. COUNTY 13d. INSIGE CITY CHATTS? 13d. STREET AND NUMBER 13d. COUNTY 13d. INSIGE CITY CHATTS? 13d. INSIGE CITY CHATTS? 13d. STREET AND NUMBER 13d. INSIGE CITY CHATTS? 13d. INSIG
14. 1	FATHER'S NAME First Middle Lost STAGNER 1S. MOTHER'S MAIDEN NAME First Middle Lost STARYS bury
	WAY DECKASED EVER IN U.S. ARMED FORCES? (les, no, of upknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT STAGES HARRESTEND INC.
	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  APPROXIMATE INTERVAL  BETWEEN ONSET AND OF ATH  OF THE PROXIMATE INTERVAL  DESIRED  APPROXIMATE INTERVAL  BETWEEN ONSET AND OF ATH  OF THE PROXIMATE INTERVAL  BETWEEN ONSE
	Conditions, if any, which gave isse to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
19	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)
z	4 + 3 ×
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO CAUSES OF DEATH?  206. AUTOPSY?  YES NO CAUSES OF DEATH?
MEDICAL CER	216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)    Contribution   Contr
ME	21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
	22a. I certify that (I) (this haspital) aftended the deceased from fight 20, 1960, to June 18, that (I) (we) last saw the deceased alive an 1968, and that in (my) (our) opinion death occurred an the date and have and from the dauses stated above, (I) (we) (did) (did not) view the body after death.
	226. SIGNATURE  ATTENDING  MED.  DIRECTOR STAFF  PHYS.   22c. DATE SIGNED  LEWIC 28 1968
4	NAME TYPE Joseph E. Bush MD HAMPSTEAD MARYLAND
	BURIA, CREMATION, 30, 1968    State   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City or Town) (County) (State)   Hampstead Carroll Co. Md.
	FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE  PAGE !!!! - 1 1968   Climble   Page    Page   Page   Page    Page   Page   Page    Page   Page   Page    Page   Page   Page    Page   Page   Page    Page   Page   Page    Page   Page   Page    Page   Page   Page    Page   Page   Page    Page   Page   Page    Page    Page   Page    Page   Page    Page   Page    Page   Page    Page   Page    Page   Page    Page   Page    Page   Page    Page    Page   Page    Page   Page    Page   Page    Page   Page    Page   Page    Page   Page    Page   Page    Page   Page    Page    Page   Page    Page   Page    Page   Page    Page   Page    Page   Page    Page   Page    Page   Page    Page   Page    Page    Page   Page    Page   Page    Page   Page    Page    Page   Page    Page   Page    Page    Page   Page    Page   Page    Page    Page   Page    Page



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08344 CERTIFICATE OF DEATH 1 DECEASED-NAME 2a. DATE-OF DEATH 2b. HOUR First Middle Last deoth. funeral requires that the deoth certificate be executed within 24 hours ofter deatl (Type or print) Dov 4 RACE 3. SEX S DATE OF BIRTH 6. AGE (In years IF UNOFR 1 YEAR 1F UNDER 24 HRS. last birthday) MONTHS HOURS 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State ar fareign 8. MARRIED NEVER MARRIED WIDOWED Z DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) the attending physician one composition parisit permit. Then please remove carbon parisit permit, within 10. CITY OR TOWN OF DEATHL 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR **INDUSTRY** 13a. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? cremotion, ar removal, and in ony 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 16b. SOCIAL SECURITY NO. 17. INFORMANT R. 19-20-4366 CHAS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no, or unknown) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by physician. stating the underlying couse burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) prior to b by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been os the 19g, DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO T ed for use of Health 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram. , and that in (my) (aur) apinian death accurred an the date and have and fram the saw the deceased alive an.... 6/30 be retoined pluods causes stated abave, (1) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE PHYS. DIRECTOR director, poge should be filed O HOSPITAL Page 4 may b 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23b. DATE 3d. LOCATION (City or Town) (County) (State) 2Sa. RIC'D BY REGISTRAR 2Sb. REGISTRAR'S

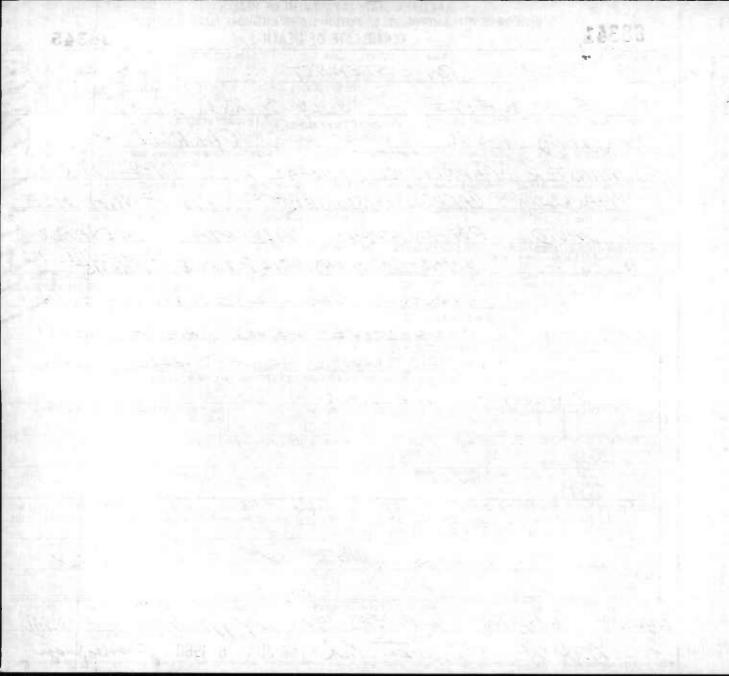
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VR A15 (4) 30M REV, 1/68

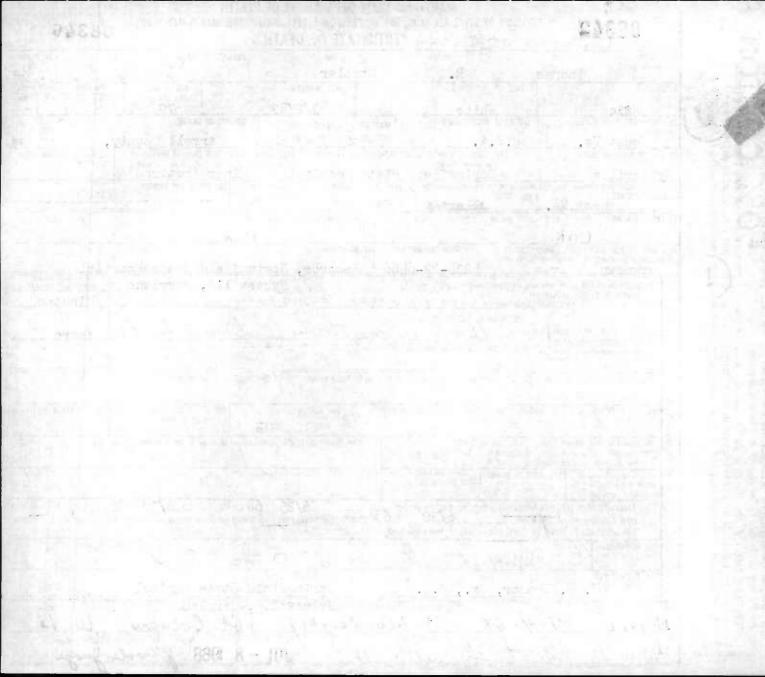
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle First Lost 2o. DATE OF DEATH papers. Pages 1 and 2 JA 72 hours after death DAISY (Type or print) filled in by the funeral papers. Pages 1 and STEWART Month 3. SEX 4. RACE requires that the death certificate be executed within 24 hours after 5. DATE OF BIRTH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) WIDOWED 4 DIVORCED [ 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give street address during mast af warking life, even if, retired.) the attending physician and completely sit permit. Then please remave carbon 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? and in any evelat COUNTY 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Yes, no, ar unknown) (If yes give war ar dates of service) ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: CEREBRAL VASCULAR IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave burial-transit CONGESTIVE rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause ARTERIO SCLEROTIC burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the be retained by the haspital ar attending this certificate has been BRETES 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [ far use Health 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Month Doy HOUR A.M. (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town While Nat while at wark O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from\_ 2, 1968, to 6/3 1968, and that in (my) (aur) apinion deoth occurred on the date and hour and from the saw the deceased alive an\_\_\_\_ couses stated above, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE ATTENDING PHYS. director, page 3 should be filed v DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE

FUNERAL DIRECTOR

08345 6. AGE (In years IF UNDER 1 YEAR last birthday) HOURS 13e. STREET AND NUMBER BETWEEN ONSET AND GEAT BILURE MONTHS YEARS 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING County State 22c. DATE SIGNED 23d. LOCATION (City or Town) (Caunty) (State) 25a. REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH



343

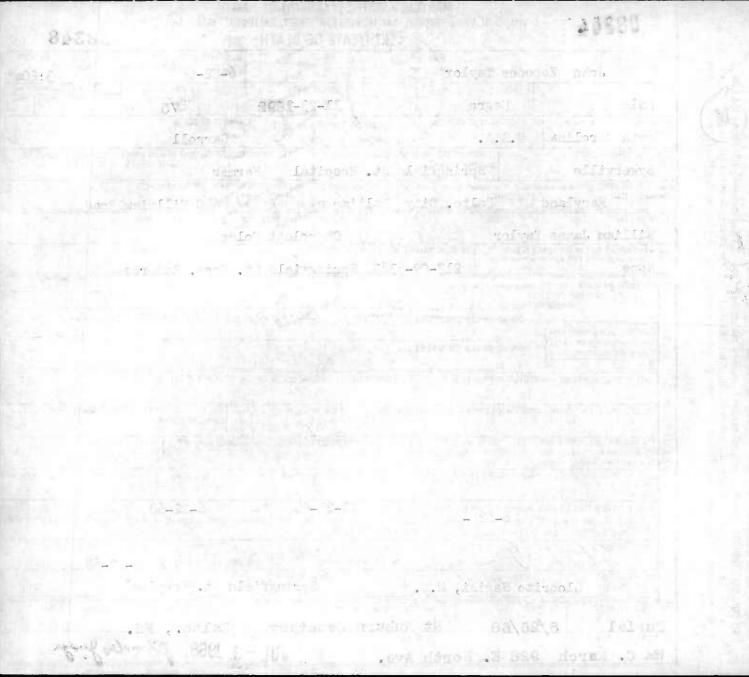
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

UR 347

CERTIFICATE OF DEATH							
1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR						
(Type or print) Mary Matilda Schultz Stuerken 6-16-68 Month Day Year	5 % N						
3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IFUNDER YEAR   IF	UNDER 24 HRS.						
Female White 8-22-77 90 YRS MONTHS ONTS IN	JUKS MIN.						
7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH							
Maryland U.S.A. WIDOWED DIVORCED Carroll	Mo						
10. CITY OR TOWN OF DEATH  Sykesville  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  Springfield St. Hosp.  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  INDUSTRY  Own Hon	INESS OR						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. WISIOE CITY LIMITS? 13e. STREET AND NUMBER	10						
odmission Maryland   13b. Gallto City   Baltimore   YEST   NO   508 Oakland Avenue							
Washington and the second seco	Lost						
William Schultz Bokowa Mary Heise							
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT Address							
None (If yes give war ar dates of service) 215-50-8902 Springfield Hospital Records							
18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).)  APPROXIMATE BETWEEN ONSET							
PART I, DEATH WAS CAUSED BY:	ANO OCATH						
4270 IMMEDIATE CAUSE (a) Consequence of free free free free free free free	-						
Conditions, if any, which gave )							
rise to immediate cause (o), (b)							
stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF							
<u>lost. 4 3 4 7                               </u>							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  Channer Brass. S. Jones 20 B Allers Felensie							
190, DATE OF OPERATION 196, CONDITION FOR WHICH PERATION WAS PERFORMED 200, AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFICATION OF THE PROPERTY OF	FVINO						
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIF	FYING						
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO CAUSES OF DEATH?  21b. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 18.)							
and the state of t							
(If either, natify medical examiner) P.M. 19							
21d. INJURY OCCURRED While Nat while at work at work at work at work National Nation	State						
22a. I certify that (I) (this haspital) attended the deceased fram 6-30-65 , 19 , to 6-16-68 , 19 , that (I)	(we) las						
saw the deceased alive an 6-16-68 19 , and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death.							
22b. SIGNATURE 4/ 4 C . ATTENDING MED. STAFF 22c. DATE SIGNED	A 177						
DEGREE PHYS. DIRECTOR PHYS. & 6-16-68							
22d. PHYSICIAN'S NAME (Type) Glacato Sagisi 22e. ADDRESS Springfield Hosp. Sykesville, Md.							
230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	State)						
Buria 1 6/19/1968 Immanuel Church Cem. Baltimore. Mary	rland						
24. EUNERAL DIRECTOR H. W. Jenkins & Sons Co. 4905 Fork Road  250. REGISTRAN 1963b. REGISTRAN 1963b. REGISTRAN SIGNATURE.	4						
Balto 12. Md.							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please rethove arbon papers. Pages 1 and director, page 3 should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after dea Page 4 may be retained by the haspital ar attending physician.

TARRU makende a ferral of figure business of the family of the contract of the 7 The second of th and and a come biging . nat account I mercer 332/AV/A Lower & Some to Chines . . . MARYLAND STATE DEPARTMENT OF HEALTH



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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08349
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1			CERTIFICATE OF					
1.	DECEASED-NAME First	Middle	Lost	2a.	DATE OF DEATH	-11.51	2b. HOUR	
	(Type or print) ETHEL	BLANCHE	TURNER	J	UNE 3, Manth 1968 Do	y Year	6:00 N	
3.		I. RACE	S. DATE OF B		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
	Female	White	3-16	-13	lost birthday) 55 YRS.	MONTHS DAYS	HOURS MIN.	
	untry)	CITIZEN OF WHAT COUNTRY?	B. MARRIED X NEVER MAI	KKIED	NTY OF DEATH			
10	Maryland CITY OR TOWN OF DEATH	U.S.A.			JPATION (Kind of work done	12h KIND OF	BUSINESS OR	
S	ykesville	give street oddress) Springfield	State Hospit	a during most of y	varking life, even if retired.) WITE		DOSINESS OR	
13d	n. USUAL RESIDENCE (Where deceased I	ived, if institution: Residence befare 13b. COUNTY Baltimore City	Baltimore	YES NO	13e. STREET AND NUMBER 3303 Beech A	ve.		
	FATHER'S NAME First	Middle Last	IS. MOTHER'S M	AIDEN NAME First	Middle		Lost	
	William	W. Wilhel	m .	Grac	е		Alban	
16	a. WAS DECEASED EVER IN U.S. ARMED Yes, no, or unknown) (If yes give war or			Springfi	Address eld State Hos	nital		
-				, - P B	Jac - 50 50 55	APPROX	IMATE INTERVAL	
		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral pulmonary artery embolism					BETWEEN ONSET AND DEATH	
	14430					FILITO	Minutes	
	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave)  The second of the se					Vann	Voons	
	rise to immediate cause (a).					rear	S	
	last. (c)							
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)							
-	4301							
CEPTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS C				CONSIDERED IN C	ONSIDERED IN CERTIFYING		
TIEL	YES NO CAUSES OF DEATH?			CAUSES OF DEATH?	Yes			
		21b. TIME OF INJURY HOUR A.M. Month Doy Yeor			of injury in Part 1 or Port 2,	Item 1B.)		
MEDICAL	(If either, notify medical examiner)	P.M. 19						
M	21d. INJURY OCCURRED 21e. PLA While Nat while at wark of work	CE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Stre	et or R.F.D. No.	City or Town	Caunty	State	
M	22a. I certify that (I) (this h	aspital) attended the decease	ed from 5-25-68	. 19	to 6-3-68 19	that	(I) (we) las	
1		an 6-3-60 1	9, ond that in (m	y) (our) opinian	death occurred on the d	ate and haur	and fram the	
	22a. I certify that (I) (this has a the deceased alive causes stated above, (I	(we) (did) (did not) view the	body after death.					
	causes stoted above, (I	(we) (did) (did not) view the	body after death.	NG MED.	220	DATE SIGNED		
	causes stoted above, (I 22b. SIGNATURE  UGaistin  22d. PHYSIAIAN'S	(we) (did) (did not) view the	body after death.  ATTENDI PHYS.  22e. ADI	DRESS Spring	STAFF & 6	DATE SIGNED -3-68 OSPITAL		
72	causes stoted above, (I 22b. SIGNATURE  UGUSTIN  22d. PHYSICIAN'S NAME (Type) Agustin	(we) (did) (did not) view the left Campo of del Campo, M. I	body after death.  ATTENDI DEGREE PHYS.  22e. ADI	DRESS Spring Sykesv	STAFF & 220 PHYS. & 6 Field State H ille, Maryland	DATE SIGNED -3-68 ospital 21784	(State)	
23	causes stoted above, (I 22b. SIGNATURE  CAGCUSTVI  22d. PHYSIAN'S NAME (Type) A gustin  BURIAL, CREMATION, 23b. DATI	(we) (did) (did not) view the left Campo of del Campo, M. E. 23c. NAME OF	body after death.  ATTENDI PHYS.  22e. ADI	DRESS Spring Sykesv	STAFF & 6	DATE SIGNED -3-68 OSPITAL 21784 (Caunty)	(State)	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. papers, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery fill directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban perenting the filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, with Page 4 may be retained by the haspital ar attending physician.

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## MARYLAND STATE DEPARTMENT OF HEALTH 08346 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH requires that the deoth certificate be executed within 24 hours ofter deoth (Type or print) taly filled in by the funerarbon popers. Poges 1 on the transfer dec 6. AGE (In years last birthday) 3. SEX 4 RACE S. DATE OF BIRTH 1F UNDER 1 YEAR MONTHS YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED [ DIVORCED 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) during most of working life, even if retired.) carbon esvi 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR/TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES 🔽 eve ond in any 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle First Lost 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no or unknown) (If yes give war or dates of service) removal, 18. CAUSE OF DEATH (Enter only one couse per line for for, (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 0 cremotion, DUE TO OR AS A CONSEQUENCE Conditions, if ony, which gove ) buriol-tronsit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to os the O FUNERAL DIRECTOR: After this certificate hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T Health 1 YES 🗀 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) for Month Doy OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Yeor 40 (If either, notify medical exominer) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY / ALHOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town While Work at work 22a. I certify that (1) (this haspital) attended the deceased from pe ta saw the deceased alive an-196 and that in (my) (aur) apinian death accurred an the date and haur and from the gauses stated abave (1) (we) (did not) view the bady after death 22b. SIGNATURE ATTENDING STAFF DEGREE DIRECTOR PHYS. PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type director,

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

250 REC'D BY REGISTRAR

should

SOM REV. T

23b. BURIAL, CREMATION

24. FUNERAL DIRECTOR

REMOVAL (Specify)

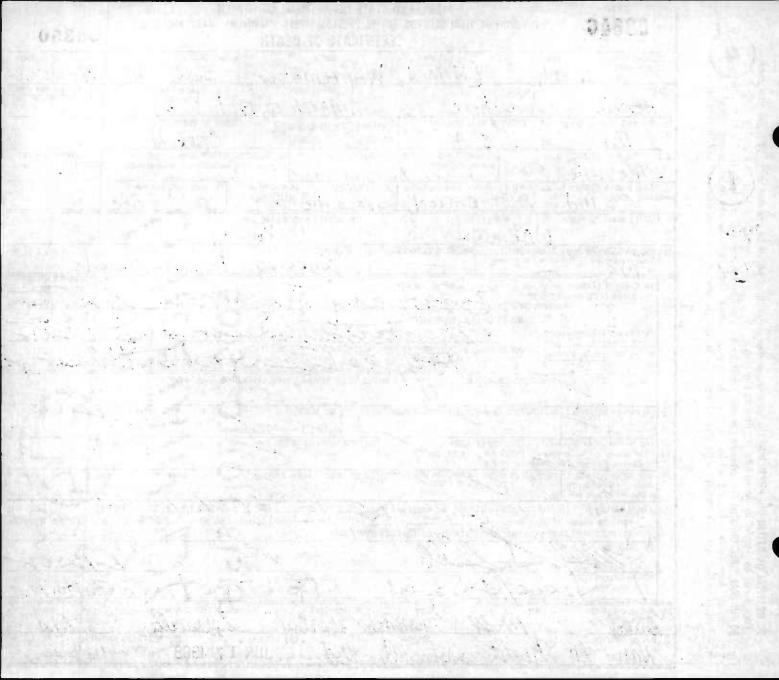
23b. DATE

12b. KIND OF BUSINESS OR INDUSTRY Lost 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING County Stote 22c. DATE SIGNED 23d. LOCATION (City or Jown) (County) (Stote) 2Sb. REGISTRAR'S SIGNATURE Williamlas

08350

2b. HOUR

HOURS



22a. I certify that (1) (this haspital) attended the deceased from 1 V N E

causes stated abave, (I) (we) (did) (did net) view the bady after death.

saw the deceased alive and UNE

08351

MONTHS

2b. HOUR

Stote

(Stote)

County

22c. DATE SIGNED

(County)

1960, ta 1)1

MED. DIRECTOR

ATTENDING PHYS.

DATE

18 19 68, and that in (my) (our) opinion death accurred an the date and have and from the

STAFF PHYS.

HOURS

12b. KIND OF BUSINESS OR

INDUSTRY

requires that the death certificate be executed within 24 hours after death signed by the ottending physician end campletely filled in buriol-transit permit. Then please remove corbon papers. buriol, cremotion, or removol, and in any event, within 72 h ottending physicion. has been be detached far use State Dept. of Health by the hospital or this certificate TO FUNERAL DIRECTOR: After Poge 4 moy be retoined should be filed with the director, VR A 3 (4) 30M REV 7 68

While Not while at work

22b. SJGNATURE

22e. ADDRESS 22d. PHYSICIAN NAME (Type) 23o. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08348 08352 CERTIFICATE OF DEATH DECEASED-NAME Middle 2o. DATE OF DEATH Lost (Type or print) 6. AGE (In years 3. SEX S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS last birthday) MALE OAYS HOURS remave carban papers. Pag n any event, within 72 haurs requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) WIDOWED | DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) INDUSTRY and in any event, 13a. USUAL RESIDENCE (Where deceased fived, if institution: Residence before 13c, CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 14. FATHER'S NAME Middle Last 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no, or unknown) (If yes give war or dates of service) ar remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. CARCINOMA BRONCHOGENIC crematian, DUE TO, OR AS A CONSEQUENCE OF burial-transit p Conditions, if any, which gove ) rise ta immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) as the prior tak attending O FUNERAL DIRECTOR: After this certificate has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed far use a YES [ NO 🗍 the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY. ) 21f. LOCATION Street of R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark 5/28, 1968, ta 22a. I certify that (1) (this haspital) attended the deceased fram-6/12 1966, and that in (my) (our) apinion deoth occurred on the dote and hour ond from the saw the deceased alive an\_ be retained couses stated above, (I) (we) (did) (did not) view the bady ofter death. 22b SENATURE 22c. DATE STONED ATTENDING STAFF PHYS.

directar, shauld b VR A15 (4)

DIRECTOR

PHYSICIAN'S

23a. BURIAL, CREMATION

NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

PHYS

22e. ADDRESS

23d. LOCATION (City or Town)

DIRECTOR

(County) (Stote)

81330 8368 WESTPHIATER THREET IL TO GRABBAL EXECUTED ARMAN EMETING THE LANGEST LEADINGER IN LANGEST AND I DAVIEL ZINCON MANCE ELIFEETH ARKIDED NO SECONDARY WAS WITTLE STYNISH PEDERER THE SECTION OF STREET STREET, STREET, STREET, SECTION OF STREET, SECTI E STORY OF THE THE STATE OF THE